

Case Number:	CM15-0010026		
Date Assigned:	01/27/2015	Date of Injury:	04/14/2014
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a right-handed 50 year old female housekeeper, who sustained an industrial injury to the right hand, wrist, arm, shoulder and neck on 04/14/2014. She has reported paresthesia, numbness, night pain, and aching pain in the hand with a clenched fist, and weakness with gripping. She also has pain in the right forearm and right side of her neck. Objectively the worker has full cervical range of motion, and a negative Hoffman's and Spurlings. There is tenderness to palpation of the right wrist. The diagnoses have included right carpal tunnel syndrome confirmed by a nerve conduction study. Treatment to date has included occupational therapy, stretching and home exercise program. The IW uses a brace at night. A nerve conduction study for peripheral neuropathy showed carpal tunnel syndrome on the right and she had a hand surgical consult. She had carpal tunnel surgery 06/26/2014. Her work status was modified to no repetitive right hand motion, weight restrictions for lifting, and no reaching above the right shoulder. Currently, the IW complains of joint pain in the right wrist. On 12/18/2014, the IW was dispensed one TENS (transcutaneous electrical nerve stimulation) unit, and one heating pad. She is taking medications for pain that include Gabapentin, Fenoprofen, and Omeprazole. On 01/05/2015 Utilization Review non-certified a 1 Tens unit, noting the IW does not meet the criteria of intractable pain for specific conditions noted in the guidelines, documentation of pain of at least three months duration, and evidence that other appropriate pain modalities have been tried (including medication) and failed. The MTUS Chronic Pain Guidelines, TENS were cited. On 01/05/2015 Utilization Review non-certified 1 heating pad noting The MTUS, ACOEM Guidelines, Chapter 8 Neck and Upper Back Complaints were

cited. On 01/16/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3 pg 48, Chp 8 pg 181, Chp 9 pg 203, Chp 11 265, 271, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with either neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. These criteria have not been well documented for this patient. Specifically the patient has not been given physical therapy and/or acupuncture to control her symptoms. Presently she is functional, that is, she is able to do her activities of daily living (ADLs) so the goals of using this modality of treatment are not clear. At this point in the care of this patient medical necessity for use of TENS has not been established.

1 heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back-Cervical and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3, pg 44, 48-9, Chp 8 pg 173-4,

181, Chp 9 pg 203-4, 212, Chp 11 pg 264-5, 271, Chronic Pain Treatment Guidelines Page(s): 15-6, 98-9.

Decision rationale: Heating pad is a device in which heat is delivered to a specific body part. It is used as a passive therapy for warming of parts of the body in order to manage pain. Localized application of heat causes the blood vessels in that area to dilate, enhancing perfusion to the targeted tissue. It is thought that this increased blood flow enhances tissue healing. In general, physical methods for treating injuries can be active or passive. Passive therapies may be effective in the first few weeks after an injury but have not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, such as physical therapy done at a physical therapy clinic or in the home is more likely to result in a return to functional activities. This patient is well past her initial injury and is more than 30 days past her recent surgery. Addition of a heating pad to her therapy has no evidence-based support for its use. Medical necessity for use of this device has not been established.