

Case Number:	CM15-0027732		
Date Assigned:	02/20/2015	Date of Injury:	03/19/2012
Decision Date:	04/02/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 36 year old female injured worker suffered and industrial injury on 3/19/2012. The diagnoses were left wrist sprain/strain, left epicondylitis and chronic pain syndrome. The diagnostic studies were x-rays. The treatments were physical therapy, medications, chiropractic therapy, shock wave therapy, TENS unit and home exercise program. The treating provider reported left elbow pain 6-7/10, and the left wrist pain 6-7/10 that radiates toward the elbow. The Utilization Review Determination on 1/19/2015 non-certified: 1. Consultation with hand surgeon, MTUS, ACOEM 2. TENS unit, MTUS 3. Heating Pad, MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with hand surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms and unresolved radicular symptoms after receiving conservative treatment. The patient has had many forms of conservative therapy with such as medications, physical therapy, home exercise program, TENS unit with persistent pain. It is considered medically necessary for the patient to have a pain management consultation with persistent symptoms. Therefore, I am reversing the prior UR decision.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines: TENS: Wrist/Hand.

Decision rationale: The request for a TENS unit is not medically necessary. According to ODG, it is not the first line treatment for forearm, wrist, and hand symptoms. It is customary to order a one month home-based trial of a TENS unit prior to chronic use. However, the patient's location of pain do not warrant the use of a TENS unit as first line. The patient had used a TENS unit but patient continues with pain and does not have documented improved function. Therefore, the request is considered medically unnecessary.

Heating Pad: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Heat therapy- Wrist.

Decision rationale: The request is considered medically necessary. MTUS guidelines state that the use of cold/heat packs is an option for the treatment of wrist pain. According to ODG, heat packs are recommended for chronic pain. The patient has been suffering from wrist and elbow pain, and was diagnosed with chronic pain syndrome. A heating pad would be beneficial and therefore, is considered medically necessary.