MAXIMUS Federal Services

Case Number:	CM15-0064734		
Date Assigned:	04/10/2015	Date of Injury:	12/01/2009
Decision Date:	06/24/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California
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:

This is a 54 year old female patient, who sustained an industrial injury on 12/01/2009. The diagnoses include enthesopathy of the wrist and carpus, sprain and strain of the elbow/arm and hand. She sustained the injury when lifted arms to get a box, subsequently multiple boxes fell on to her arm. Per the progress note dated 03/18/2015, she had complaints of worsening bilateral hand pain. The physical examination revealed tenderness to palpation of the bilateral wrists and hands. The medications list includes gabapentin. She has undergone right and left carpal tunnel release, hernia repair and left trigger point thumb release. She has had multiple diagnostic studies including CT scan of the head; bilateral wrist and hands X-rays and bone scan of distal upper extremity on 1/29/15. She has had physical therapy, moist therapy, cryotherapy, electrical muscle stimulation and wax machine for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The request for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary or established for this patient.

Heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 Physical methods.

Decision rationale: Per the ACOEM guidelines, regarding hot/cold pack, "Patients" at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist". Response to other conservative therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The request for a heating Pad is not medically necessary for this patient at this juncture.