MAXIMUS Federal Services

Case Number:	CM15-0076428		
Date Assigned:	04/28/2015	Date of Injury:	11/11/2014
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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
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 injured worker is a 52 year old female, who sustained an industrial injury on 11/11/14. She reported pain in her shoulder, wrist, knee and left groin related to a slip and fall accident. The injured worker was diagnosed as having right wrist strain, cervical strain, frozen shoulder, left knee strain and hip impingement syndrome. Treatment to date has included physical therapy, acupuncture and pain medications. As of the PR2 dated 3/31/15, the treating physician noted pain in the left hip upon rotation and satisfactory range of motion in the neck. The injured worker declined an injection of corticosteroid into her right shoulder, due to a previous allergic reaction. The treating physician requested a TENs unit and a wrist support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Support: Overturned

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): 264, 266.

Decision rationale: The MTUS ACOEM Guidelines state that wrist braces as an acceptable modality that limits motion of inflamed and strained structures, and to limit symptoms of carpal tunnel syndrome is recommended, but should not interfere with total body activity in a major way. In the case of this worker, there was a right wrist strain re-injury causing constant pain. The provider suggested a wrist support. The worker also has the diagnosis of carpal tunnel syndrome of the right wrist. Therefore, use of a wrist support is reasonable and medically necessary.

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, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was insufficient documentation to explain which body area the TENS unit would be used. Also, there was no record of having went through a trial of TENS before considering it for purchase, which is implied by not mentioning duration of rental. Therefore, the request for TENS unit will be considered medically unnecessary.