

Case Number:	CM15-0077954		
Date Assigned:	04/29/2015	Date of Injury:	12/01/2009
Decision Date:	07/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 is 53 year old female, who sustained an industrial injury on December 1, 2009. The injured worker has been treated for neck, bilateral shoulder, bilateral elbow and bilateral wrist and hand complaints. The diagnoses have included bilateral carpal tunnel syndrome, status post right third finger fracture with residual synovitis, bilateral chronic elbow strain, bilateral shoulder strain and enthesopathy of the wrist and carpus. Treatment to date has included medications, radiological studies, occupational therapy, physical therapy, bilateral carpal tunnel release surgery and bilateral thumb surgery. Current documentation dated March 18, 2015 notes that the injured worker reported moderate bilateral wrist and hand pain, stiffness and weakness. Examination revealed tenderness, spasms and decreased sensation of the bilateral wrists and hands. The injured worker also had a decrease in strength and range of motion of the bilateral wrists and hands. The treating physician's plan of care included a request for a heating pad purchase and a transcutaneous electrical nerve stimulation unit purchase with electrodes and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating Pad Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand, Heat therapy.

Decision rationale: MTUS does not address this topic. Heat therapy is recommended. For arthritic hands, superficial moist heat and cryotherapy can be used as a palliative therapy. These conclusions are limited by methodological considerations such as the poor quality of trials. In this case documentation in the medical record does not support the diagnosis of arthritis in upper extremities. Heat therapy is not indicated. The request is not medically necessary.

Transcutaneous electrical nerve stimulation unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Blue Cross BlueShield (2007): TENS; Medicare (2006), CMS: TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient is participating in a FRP. In addition there is no documentation of successful one-month home-based trial. Criteria for TENS unit purchase have not been met. The request is not medically necessary.

Electrodes x 10 packs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: Electrodes are requested as supplies for the TENS unit. TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient is participating in a FRP. In addition there is no documentation of successful one-month home-based trial. Criteria for TENS unit purchase have not been met. Electrodes are therefore not necessary. The request is not medically necessary.

Batteries x 10 packs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: Batteries are requested as supplies for the TENS unit. TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient is participating in a FRP. In addition there is no documentation of successful one-month home-based trial. Criteria for TENS unit purchase have not been met. Batteries are therefore not necessary. The request is not medically necessary.