

Case Number:	CM15-0079954		
Date Assigned:	04/30/2015	Date of Injury:	01/30/2014
Decision Date:	07/21/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 25 year old female who sustained an industrial injury on 01/30/2014. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having thoracic musculoligamentous injury; thoracic sprain/strain; right AC joint sprain/strain; right shoulder myoligamentous injury; right shoulder sprain/strain; right triangular fibrocartilage tear; right wrist sprain/strain; left triangular fibrocartilage tear; left wrist sprain/strain; left wrist tenosynovitis; status post-surgery, left wrist; right metacarpophalangeal (joint); acute stress disorder; and costochondritis. Treatment to date has included hand therapy, use of a left wrist brace, steroid injections, MRI of the left wrist, x-rays of the left wrist and right shoulder, and medications. Currently, the injured worker complains of pain in the thoracic spine that is constant, moderate to 7/10, sharp, stabbing upper/mid back pain, with stiffness, heaviness and weakness, aggravated by prolonged sitting; pain in the right shoulder that is constant, moderate to 7/10 sharp, stabbing pain, with stiffness, aggravated by movement and prolonged sitting; right wrist pain that is constant moderate rated 6/10, also dull, achy, sharp pain and stiffness aggravated by prolonged grabbing / grasping, prolonged gripping, prolonged squeezing, prolonged pushing and prolonged pulling repetitively; left wrist pain that is constant moderate to 4/10 ,dull, achy, sharp pain and stiffness aggravated by prolonged grabbing/grasping, prolonged gripping, and pain in the right hand that is constant moderate, sharp, and aggravated by movement, prolonged grabbing/grasping, prolonged gripping and prolonged squeezing. On examination, the thoracic spine has no bruising, swelling, atrophy or lesion, and is normal in all planes of range of motion. There is tenderness to palpation of the right trapezius and thoracic paravertebral muscles. The right shoulder has no bruising, swelling, atrophy or lesion, has normal range of motion, and has tenderness to palpation of the

acromioclavicular joint and posterior shoulder. Cross Arm test is positive and lift off test causes pain. Both the right and left wrists have no bruising swelling, atrophy or lesion, and there is tenderness to palpation of the dorsal wrist. Carpal compression causes pain, and the grind test is positive bilaterally. The right hand has no bruising, swelling, atrophy, or lesion present. There is tenderness to palpation of the 4th metatarsal. Carpal compression causes pain. There are psychological components to the worker's injury. The treatment plan includes topical compounded medications, use of a cold/heat therapy for thoracic spine, right shoulder, left wrist, right wrist and right hand, use of a transcutaneous electrical nerve stimulation (TENS) unit for thoracic spine, right shoulder, left wrist, right wrist and right hand, referral to an Orthopedic Surgeon (consultation) for left wrist and right wrist; lab tests, X-rays (diagnostic) for thoracic spine, right shoulder, and right hand, MRI (diagnostic) for thoracic spine, right shoulder and right hand, Acupuncture for thoracic spine, right shoulder, left wrist, right wrist and right hand, ESWT (extracorporeal shock wave therapy) for left and right wrists, and physiotherapy for thoracic spine, right shoulder, left wrist, right wrist and right hand. Urine drug screens. A request for authorization was made for: 1. Cold and Heat Therapy unit for rental, and 2. TENS/EMS Unit for Rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold and Heat Therapy unit for rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, 0Lumbar & Thoracic, Cold/Heat Packs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant is being treated for a cumulative trauma work injury with date of injury in January 2014. When seen, she was having thoracic spine, right shoulder, I lateral wrist, and right hand pain. Physical examination findings included tenderness. Cross arm test and of the right shoulder was positive. There was pain with carpal compression and Grind testing was positive at the wrists. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The requested rental of a combination TENS/EMS unit was not medically necessary.

TENS/EMS Unit for Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116, 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

Decision rationale: The claimant is being treated for a cumulative trauma work injury with date of injury in January 2014. When seen, she was having thoracic spine, right shoulder, I lateral wrist, and right hand pain. Physical examination findings included tenderness. Cross arm test and of the right shoulder was positive. There was pain with carpal compression and Grind testing was positive at the wrists. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The requested rental of a combination TENS/EMS unit was not medically necessary.