

Case Number:	CM15-0093027		
Date Assigned:	05/19/2015	Date of Injury:	03/22/2009
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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 is a 55-year-old male who sustained an industrial injury on 03/22/2009. Mechanism of injury was from striking two stopped cars that were stopped from an earlier accident. Diagnosis included displacement of cervical intervertebral disc without myelopathy, causalgia of upper limb, disorder of tendon bursa in the shoulder region, myalgia, myositis, bilateral carpal tunnel syndrome with complicated CRPS refractory to carpal tunnel release. Treatment to date has included diagnostic studies, medications, splints, physical therapy, home exercises, and surgery. Current medications include Naproxen, Wellbutrin SR, Prilosec, Orphenadrine Citrate ER, Prilosec, and Norco. A physician progress note dated 04/08/2015 documents the injured worker reports continued pain in both hand and wrist. He rates his pain as 10 out of 10. He is receiving home health services. Neuro urine toxicology revealed inconsistent report for hydrocodone placing the injured worker in a high-risk category. He needs a repeat test, and also illicit drug is noted. There is restricted and painful left wrist and right wrist range of motion. He has swelling in both wrists and is unable to don his splints. He has soreness and stiffness, and loss of motion present. He has positive Tinel's and Phalen's in both wrists. The treatment plan is for medication refill for Norco and the rest of his medications, continued home care services, wrist bracing with thumb Spica-bilateral, and request for urine screen, MRI of the cervical spine, cervical traction unit, cold therapy, and wrist kit bilateral. Treatment requested is for TENS unit with electrodes (cervical spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with electrodes (cervical spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for bilateral hand and wrist pain. Diagnoses include CRPS and a spinal cord stimulator has been considered. When seen, pain was rated at 8.5/10. Physical examination findings included decreased and painful wrist range of motion. There was decreased strength and positive Tinel's and Phalen's testing. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore providing a TENS unit was not medically necessary.