

<b>Case Number:</b>	CM14-0144234		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 23-year-old male who fell onto his right wrist while cleaning a cockpit on 2-8-2013. He developed right wrist pain and swelling. Subsequently, he developed unusual sensitivity of the right upper extremity and evidence of vasomotor changes. He was diagnosed with chronic regional pain syndrome and has had treatment with medication, acupuncture, stellate ganglion blocks, and has had a trial with a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TENS PATCH X 2 PAIRS X 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic Regional Pain Syndrome

**Decision rationale:** Chronic regional pain syndrome is defined by the following criteria: The presence of continuing pain that would not ordinarily be present after a nerve injury, not necessarily limited to the distribution of the injured nerve; (2) Evidence at some time of edema,

changes in skin blood flow, and/or abnormal sweat gland activity in the region of pain; & (3) The diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain and dysfunction. In terms of treatment, the goal is to improve function. There are no evidence-based treatment guidelines, but several groups have begun to organize treatment algorithms that are consensus based. There is currently no intervention for CRPS that can be considered to be supported by strong evidence of efficacy. Rehabilitation: (a) Early stages: Build a therapeutic alliance. Analgesia, encouragement and education are very important. Physical modalities include desensitization, isometric exercises, resisted range of motion, and stress loading. If not applied appropriately, physical therapy may temporarily increase symptoms, particularly if too aggressive. (b) Next steps: Increase flexibility with introduction of gentle active range of motion and stretching (to treat accompanying myofascial pain syndrome). Other interventions to enhance participation in rehabilitation may include muscle relaxants, trigger point injections and electrical stimulation (based on anecdotal evidence). In this instance, the diagnosis of chronic regional pain syndrome seems well established. Electrical stimulation is supported by the guidelines for treatment, i.e. TENS unit. The injured worker has had a TENS unit trial. Therefore, TENS PATCH X 2 PAIRS X 2 is medically necessary.