

Case Number:	CM14-0002563		
Date Assigned:	01/24/2014	Date of Injury:	08/31/2013
Decision Date:	11/04/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 32 year old female with an injury date of 08/31/13. Based on the 12/05/13 progress report provided by the provider, the patient complains of pain in the cervical spine, lumbar spine, and right knee. She rates her pain as a 6-7/10 and complains of numbness and tingling in the right leg. X-rays of the lumbar spine reveal narrowing of L5-S1 and limited motion; X-rays of the cervical spine reveal loss of lordosis, narrowing, spurring C5-C6 and limited range of motion (dates of X-rays not indicated). She is diagnosed with the following: 1. Cervical spine sprain/strain, rule out cervical disc herniation, C5-C6 with radiculitis/radiculopathy; 2. Lumbar spine sprain/strain, rule out lumbar disc herniation with radiculitis/radiculopathy; 3. Right wrist and hand sprain/strain, rule out recurrent carpal tunnel syndrome, status post carpal tunnel release in January 2010; 4. Left wrist and hand strain/sprain, history of prior carpal tunnel syndrome with positive NCV, rule out aggravation with tendinitis; 5. Status post right elbow median nerve release, Pronator teres syndrome, 2011; 6. Cephalgia: Provider is requesting for the following: 1. Right wrist and forearm brace purchase; 2. TENS unit rental. The utilization review determination being challenged 12/13/13 and recommends denial of both the brace and TENS unit. The requesting provider provided treatment reports from 09/05/13-12/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x60 day rental (cervical spine, bilateral wrists, bilateral hands, right elbow):
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the 12/05/13 report, the patient presents with pain in the cervical spine, lumbar spine, and right knee. She rates her pain as a 6-7/10 and complains of numbness and tingling in the right leg. The request is for a TENS unit rental for home use and pain relief purpose. This patient suffers from chronic nociceptive pain. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The patient does not present with any of the diagnoses that MTUS allows for the trial of TENS unit. Furthermore, when a TENS unit is indicated, a 30-day home based trial is recommended first before purchase. Recommendation is for denial.

Right wrist and forearm brace purchase: Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the 12/05/13 report, the patient presents with right/left wrist and hand sprain/strain. The request is for a right wrist and forearm brace purchase. The 10/24/13 report states that the patient has a healed carpal tunnel release incision noted. There is tenderness noted over the distal radioulnar joint, on the right. There is abnormal two-point discrimination of the median nerve distribution, bilaterally. There is abnormal grip strength of the right hand. In regards to a wrist brace, ACOEM Chapter 11 states "Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications." Abnormal two-point discrimination of the median nerve distribution is a sign of potential carpal tunnel syndrome. Therefore, recommendation is for authorization.