

Case Number:	CM13-0002581		
Date Assigned:	12/04/2013	Date of Injury:	04/12/2013
Decision Date:	01/16/2014	UR Denial Date:	06/25/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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 patient is a 41-year-old female who reported an injury on 04/12/2013. The patient was recently seen by [REDACTED] on 06/11/2013. The patient complained of bilateral wrist pain. Physical examination revealed no specific tenderness. Full range of motion of the neck, bilateral elbow, forearm, and hand and wrist were noted. The examination also indicated intact motor function, intact sensation, positive Tinel's and Phalen's testing bilaterally, and negative provocative testing. The patient is diagnosed with hand pain and elbow pain. Treatment recommendations included a home electrical stimulation unit. 

IMR ISSUES, DECISIONS AND RATIONALES

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

Home electrical stimulation unit: 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 Page(s): 114-117.

Decision rationale: MTUS Chronic Pain Guidelines state transcutaneous electro therapy is not recommended as a primary treatment modality, but a 1 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. MTUS Chronic Pain Guidelines state that there should be documentation of chronic intractable pain, at least 3 months in duration, and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, there is no evidence of a previous successful trial with this treatment modality resulting in decreased pain and increased function. In addition, the specific type of electrical stimulation treatment is not specified. There is no documentation of a treatment plan including the specific long-term and short-term goals of treatment with the unit. The medical necessity for the requested service has not been established. The request for home electrical stimulation unit is not medically necessary and appropriate.