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| Case Number: | CM13-0015684 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/29/2005 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome and ulnar neuropathy reportedly associated with an industrial injury of December 19, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, work hardening, and acupuncture over the life of the claim; earlier shoulder surgery in 2005; and subsequent shoulder manipulation under anesthesia in 2006. In a Utilization Review Report of August 5, 2013, the claims administrator denied a request for purchase of a TENS unit stating that there was no evidence that the applicant underwent a successful 30-day trial of the same before a request of purchase of the device was made. In handwritten note, not entirely legible, seemingly dated May 14, 2013, the attending provider did seek authorization for TENS unit, acupuncture, Neurontin, and Celebrex owing to the applicant's heightened hand and wrist pain. The note was altogether sparse and not entirely legible, at times. On June 30, 2011, the attending provider stated that the applicant's usage of Celebrex and Neurontin resulted in heightened functionality. It was recommended that the applicant use a TENS unit at that point in time. It is unclear if a TENS unit trial ever took place, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS (shoulder and carpal tunnel) Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Criteria for the Usage of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit is predicated on evidence that an earlier one-month trial of the same has generated favorable outcomes in terms of pain relief and function. In this case, there has been no documented success with one-month trial of the TENS unit in question. The applicant's continued reliance on multiple different analgesic medications and seeming failure to return to work, however, would, moreover, suggest that a prior TENS unit trial, even if performed, did not generate the requisite improvements in pain relief and function. Therefore, the request for a TENS unit purchase is not medically necessary.