

Case Number:	CM13-0028659		
Date Assigned:	03/03/2014	Date of Injury:	02/04/2008
Decision Date:	04/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine Surgery 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 patient is a 44 year old female with an injury date of 02/04/08. Based on the 08/17/13 progress report provided by [REDACTED], the patient's diagnosis includes tendonitis of the hand/wrist/finger, sprain/strain of the elbow/forearm, tendonitis of the shoulder, and carpal tunnel syndrome. [REDACTED] is requesting a 30 day rental of a TENS unit. The utilization review determination being challenged is dated 08/21/13 and recommends denial of the 30 day rental of the TENS unit. [REDACTED] is the requesting provider, and he provided treatment reports ranging from 06/24/13- 10/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL OF TENS UNIT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114-116.

Decision rationale: According to the 08/17/13 progress report provided by [REDACTED], the patient presents with tendonitis of the hand/wrist/finger, sprain/strain of the elbow/forearm, tendonitis of

the shoulder, and carpal tunnel syndrome. The request is for a 30 day rental of a TENS unit. ■■■■■
■■■■■ 09/09/13 progress report states that the patient has tried the TENS unit in physical therapy and has benefited from the use of the TENS unit. She has actually benefited from both [TENS unit and H-wave] and according to the patient, she has benefited slight more from the H-wave, but the TENS unit has been effective in reducing her use of medication, particularly anti-inflammatory medication and her need for more aggressive treatment. The request was denied by utilization review letter dated 08/21/13. The rationale stated that the 30 day rental of the TENS unit was that not supported as a primary treatment modality. 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. Since the TENS unit has already provided benefit to the patient, a 30 day rental of the TENS unit should be given. Recommendation is for authorization.