

Case Number:	CM13-0030936		
Date Assigned:	11/27/2013	Date of Injury:	05/20/1999
Decision Date:	01/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation; and Sports Medicine, and is licensed to practice in New York and Texas. 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 63-year-old female who reported an injury on May 20, 1999. The mechanism of injury was not provided. The patient was noted to have undergone a revision of the carpal tunnel and de Quervain's tenosynovitis surgery 4 and a half months prior to the office note dated October 14, 2013. The patient's diagnoses were noted to include carpal tunnel syndrome bilateral and weakness of the left hand. The request was made for the purchase of a Golden State Medical (GSM) Transcutaneous Electrical Nerve Stimulation (TENS) Unit with HAN Programs for bilateral hand pain, 3 months of electrodes, 8 pairs per month and 3 months' of batteries, 6 AAA per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a GSM TENS unit with HAN Programs for bilateral hand pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior

to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Clinical documentation submitted for review failed to provide the patient had documented evidence of other appropriate pain modalities that had been tried and failed. It fails to provide a treatment plan for short term and long term treatments with the TENS unit. Additionally, there is a lack of documentation for the rationale regarding the use of the TENS unit and the necessity for purchase vs. trial of the unit. Given the above, the request for purchase of a GSM TENS Unit with HAN Programs for bilateral hand pain is not medically necessary.

three (3) months of electrodes, eight (8) pair per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Sections Page(s): 115-116.

Decision rationale: The clinical documentation submitted for review failed to support the necessity for the TENS unit. As such the request for 3 months' of electrodes, 8 pairs per month is not medically necessary.

three (3) months of batteries, six (6) AAA per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Sections Page(s): 115-116.

Decision rationale: The clinical documentation submitted for review failed to support the necessity for the TENS unit. As such the request for 3 months of batteries, 6 AAA per month is not medically necessary.