MAXIMUS Federal Services

Case Number:	CM13-0032596		
Date Assigned:	12/11/2013	Date of Injury:	12/14/2004
Decision Date:	10/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 53-year-old female with a 12-14-2004 date of injury. A specific mechanism of injury was not described. 9/17/13 determination was non-certified insufficient documentation that the patient had complex regional pain syndrome type I and II, neuropathic pain, spasticity, phantom limb pain, acute post-operative pain, or multiple sclerosis. 8/28/13 progress report by [redacted] identified that the requested TENS unit was for treatment of left forearm pain which was chronic. The patient continued with forearm pain as before. Exam revealed continued involvement of the hand and forearm. Diagnoses included carpal tunnel syndrome, and lesion of ulnar nerve. 7/3/13 progress report by [redacted] identified that areas of tenderness remained the same, Wrist and elbow involvement remains the same. It identified that the patient was still having problems in the left elbow area, upper biceps not an issue now. It was noted that the patient was using a TENS unit and was wearing out. The medical reports also identified findings for trigger finger, however, it was stated that the condition was to be treated through private insurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT (REPLACEMENT) FOR HOME USE WITH 6 MOS. SUPPLIES-LEFT ARM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114; 116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The medical records indicate that the patient has chronic elbow pain and had used the TENS unit and was wearing out. However, there was little information regarding this patient's treatment history with the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There was no specific duration of a trial. There was no further delineation of how the unit is wearing out, and there was no indication that the machine was faulty. There is insufficient documentation to establish medical necessity for the requested home TENS unit.