

Case Number:	CM13-0039976		
Date Assigned:	12/20/2013	Date of Injury:	05/04/2013
Decision Date:	02/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Practice 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 24 year old female who reported a work related injury on 05/04/2013; specific mechanism of injury was the result of a fall. The patient presents for treatment of the following diagnoses, neuralgia, neuritis, radiculitis, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, carpal tunnel syndrome, and lesion of the ulnar nerve. The clinical note dated 08/16/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with multiple pain complaints about the shoulders, forearms, wrists, hands, fingers, and thumb. The provider documented upon physical exam of the patient, full range of motion was noted to the bilateral shoulders. Full range of motion was noted to the bilateral elbows and bilateral wrists. The provider documented palpation of the patient's wrists revealed nonspecific tenderness. The patient had positive Phalen's, Tinel's, and Finkelstein's at the bilateral wrists. The provider recommended the following treatment plan for the patient to utilize, Acupuncture, Electroacupuncture, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of Neurostimulator TENS- EMS: 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 Page(s): 116.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with multiple bodily injury pain, complaints status post sustaining a work related fall on 05/05/2013. The clinical notes failed to document the patient's course of treatment to include utilization of lower levels of conservative treatment prior to the requested TENS unit such as, physical therapy interventions and a medication regimen. California MTUS indicates specific criteria for utilization of a TENS unit to include documentation of pain of at least 3 months duration. Evidence that other appropriate pain modalities have been tried and failed. The clinical notes do not indicate the patient has utilized other appropriate pain modalities which have been ineffective for her pain complaints. Given all of the above, the request for a 1 month home based trial of neurostimulator; TENS/EMS is not medically necessary or appropriate.