

Case Number:	CM13-0041425		
Date Assigned:	01/24/2014	Date of Injury:	01/16/2013
Decision Date:	06/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/14/2013

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 and is licensed to practice in Oklahoma. 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 injured worker is a 54-year-old female who reported an injury on 01/16/2013. The mechanism of injury involved repetitive work activity. The current diagnoses include neck pain, paresthesia, bilateral hand pain, and carpal tunnel syndrome. The injured worker was evaluated on 09/19/2013. The injured worker has participated in 6 sessions of physical therapy. Previous conservative treatment also includes a cortisone injection. Physical examination on that date revealed limited range of motion of bilateral wrists, normal bilateral elbow range of motion, 5/5 motor strength, 2+ deep tendon reflexes, cervical paraspinal muscle spasm with tenderness over the trapezius and supraspinatus muscles, positive Phalen's testing, positive Tinel's testing, and positive Finkelstein's testing. The treatment recommendations included authorization for a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 DAY RENTAL OF ZYNEX NEXWAVE UNIT FOR CERVICAL SPINE AND BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home-based trial may be considered as a non-invasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, the injured worker has participated in physical therapy. However, it is noted that the injured worker has completed a previous TENS therapy trial. However, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the current request cannot be determined as medically appropriate.