MAXIMUS Federal Services

Case Number:	CM13-0050043		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2009
Decision Date:	03/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	11/08/2013

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 29-year-old female who reported an injury on 08/15/2009. The patient is diagnosed with cervical spine strain, rule out radiculopathy; bilateral shoulder impingement syndrome; bilateral lateral epicondylitis; bilateral carpal tunnel syndrome; anxiety; gastropathy; status post common extensor release with ulnar nerve transposition; and right carpal tunnel release. The patient was seen by [redacted] on 09/05/2013. The provider reported 8/10 bilateral upper extremity pain. The patient also reported increased numbness and tingling in bilateral upper extremities. Physical examination revealed paravertebral muscle spasm with restricted range of motion in the cervical spine, and decreased range of motion with positive impingement testing in bilateral shoulders. Treatment recommendations included physical therapy, authorization for a TENS unit, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), Page(s): 117-121.

Decision rationale: The Chronic Pain Guidelines indicate that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one (1) month home-based TENS trial may be considered as an non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. As per the documentation submitted, there is no evidence that other appropriate pain modalities have been tried and failed. Additionally, a TENS unit and H-wave system was previously recommended by [redacted] on 05/23/2013. Documentation of a successful 1-month trial period of TENS therapy with evidence of how often the unit was used, as well as outcomes in terms of pain relief and function were not provided. There was also no documentation of a treatment plan with the specific short and long-term goals of treatment with the unit. Based on the clinical information received and the Guidelines, the request is non-