

Case Number:	CM13-0056017		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	09/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery 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:

32-year-old female claimant with reported industrial injury on 11/1/11. The report is made of bilateral shoulder, elbow and hand conditions. The exam note 6/23/13 demonstrates claimant is status post endoscopic carpal tunnel release on the right on 3/7/13. Ongoing pain and paresthesia is noted. Left sided tingling in all fingers is reported. The exam note on 10/28/13 demonstrates persistent pain is noted. The exam demonstrates a positive Tinel's sign over the ulnar nerve at the cubital tunnel bilaterally. Ulnar nerve subluxes over the medial epicondyle with elbow flexion. Recommendation is made for right cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP TENS UNIT RENTAL FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), Not recommended as a primary treatment modality, but a one-month home-based

TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions including neuropathic pain and chronic regional pain syndrome. In this case there is no evidence of neuropathic pain or chronic regional pain syndrome. There is no support in the guidelines for a postop TENS unit following cubital tunnel release. Therefore the determination is for not medically necessary.