

Case Number:	CM13-0068931		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2011
Decision Date:	06/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Illinois. 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 66-year-old who reported an injury on November 15, 2011. The mechanism of injury was a cumulative trauma. The clinical documentation indicated the injured worker was status post right radial tunnel decompression in September of 2013. There was no recent PR-2 to support the requested service. The diagnoses included left wrist/hand/forearm pain, compensatory. The request per the application of independent medical review was for tramadol ER, and a TENS (transcutaneous electrical nerve stimulation) 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 A TENS UNIT (TRIAL): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including

medication) and have failed. The clinical documentation submitted for review failed to provide documentation of an objective physical examination. There was a lack of documented rationale for a necessity for a 60-day rental. As such, there was a lack of documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed and failed, including medications. The request for a sixty day rental of a TENS unit is not medically necessary or appropriate.