

Case Number:	CM13-0070640		
Date Assigned:	05/07/2014	Date of Injury:	03/01/2011
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 28 year old female with a reported date of injury on 03/01/2011. The mechanism of injury was reported as a history of gradually increasing bilateral elbow and wrist pain and was associated with occupational over use. She had her initial evaluation with physical therapy on 08/14/2013 and reported pain in the dorsal forearms as well as some burning in the volar forearms with the left being the worse than the right. The injured worker stated that she had a NCV/EMG in 2012 and was informed that she did have carpal tunnel syndrome. The injured worker had constant moderate to severe pain in the central portion of her forearm and wrist. The injured worker was reassessed on 10/24/13 for overall changes since beginning therapy for bilateral arm tendonitis, the injured worker did not have as much pain at that time but stated she felt weak overall and reported she did not have much pain at that time; however, she felt weak at least twice per week. The injured worker continued to present with numbness and tingling in the ring finger and occasionally in the top of the hand. The injured worker's pain level was 5/10 which decreases from 9/10 in August. The injured worker's grip strength remained the same; on the right her strength was 61 and the left was 64 using a dynamometer. The injured worker's pinch strength was assessed using a dynamometer and it was noted the injured worker had 17#/21# on the right and 20#/15# on the left. The injured worker had diagnoses including Carpal tunnel syndrome, and pain in joint, forearm. The request for authorization was submitted 08/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: EMPI 4 LEAD TENS AND SUPPLIES 6 MONTH RENTAL DATE OF SERVICE
8-21-2013: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use, Tens Page(s): 116.

Decision rationale: The decision for DME: EMPI 4 lead TENS and Supplies is not medically necessary. The injured worker had constant moderate to severe pain in the central portion of her forearm and wrist. The injured worker was reassessed on 10/24/13 for overall changes since beginning therapy for bilateral arm tendonitis, the injured worker does not have as much pain at this time but states she does feel weak overall. The injured worker continues to be present with numbness and tingling in the ring finger occasionally to the top of the hand. The injured worker had pain rated 5/10 which was decreased from 9/10. The injured worker's grip strength remains same; on the right her strength was 61 and the left was 64 using a dynamometer. The injured worker's pinch strength was assessed using a dynamometer and it was noted the injured worker had 17#/21# on the right and 20#/15# on the left. The California MTUS Guidelines state injured workers utilizing a TENS unit should have documentation of pain of at least three months duration. There should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines also note TENS is not recommended as an isolated therapy but a one month home based TENS trial may be used as an adjunct to an active course of functional rehabilitation. The injured worker has had physical therapy with improvement per the clinical documentation received. There is insufficient documentation indicating whether medication and home therapy have been tried and failed. It was unclear if the injured worker underwent a one month home based trial of TENS with documented significant functional improvements and efficacy. Therefore the decision for DME: EMPI 4 lead TENS and Supplies is not medically necessary.