

Case Number:	CM14-0104098		
Date Assigned:	07/30/2014	Date of Injury:	09/15/2012
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 36-year-old female who reported an injury on 09/15/2012. The mechanism of injury was not provided. On 05/22/2014, the injured worker presented with numbness and tingling in the bilateral hands. Upon examination, the NCV demonstrated severe carpal tunnel syndrome in the bilateral hands. The diagnosis was carpal tunnel syndrome. Prior therapies included medications. The provider recommended a MEDS4 unit and a set of conductive garments; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

48 MEDS4 Electrodes, 3 month supply-# 16, 4 packs of 4, bilateral hands and bilateral wrists: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MEDS4 Unit 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENs Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive and published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief nor do they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. The efficacies of the injured worker's previous courses of conservative care were not provided. There was no mention of an adequate TENS trial. Additionally, the provider's request does not indicate the body part that the MEDS4 unit is indicated for in the request as submitted. As such, the request is not medically necessary.

Set of Conductive Garments, set purchase only: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.