MAXIMUS Federal Services

Case Number:	CM14-0014750		
Date Assigned:	02/28/2014	Date of Injury:	09/14/2009
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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:

The patient is a 48 year old female, with a date of injury of 9/14/09. Subsequent to the injury the patient developed chronic right wrist/uppper extremity pain. A TFCC tear was demonstrated. Several initial electrodiagnostics were negative for carpal tunnel syndrome on the right side, but the latest '12 showed changes consistent with mild carpal tunnel. Recent electrodiagostics of the left upper extremity showed probable early left carpal tunnel. Cervical spine studies were negative for any nerve impingement. She has chronic feelings of discomfort in the form of shooting and buring pains involving the right greater than left upper extremity. There is a history of rheumatoid arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME-BASED TRIAL OF NEUROSTIMULATOR TENS-EMS UNIT WITH SUPPLIES TO BOTH WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116, 121.

Decision rationale: Based on the medical records provided for review and the MTUS Chronic Pain Medical Treatment Gudelines, the request is not in conjuction with an active rehab program. Surgical intervention has recently been requested and active therapy is not currently being pursued. Additionally, the request is not a request for a usual and customary TENS unit. The request includes a muscle stimulation component to the device which Guidelines specifically state is not recommended on a trial or longer term basis. It has been found that muscle stimulation may worsen a carpal tunnel syndrome. Therefore, the request for a one month home-based trial of neurostimulator TENS-EMS uni with supplies to both wrist is not medically necessary and appropriate.