

Case Number:	CM14-0156173		
Date Assigned:	09/25/2014	Date of Injury:	05/17/2011
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 48-year-old male with a 5/17/11 date of injury; the mechanism of the injury was not described. The patient was seen on 9/18/14 with complaints of pain and discomfort in the left upper extremity and pain and swelling in the thumbs. The patient was awaiting authorization for the left upper extremity surgery. The note stated that the patient's condition was changing progressively. The remaining of notes was handwritten and somewhat illegible and the physical examination was not documented. The diagnosis is status post bilateral carpal tunnel release, bilateral cubital tunnel syndrome, bilateral ulnar neuropathy at the wrists and at the left elbow. Treatment to date: work restrictions, physical therapy, medications, an adverse determination was received on 9/9/14. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The progress notes indicated that the patient was awaiting an authorization for the left upper extremity surgery. There is no rationale with regards to the necessity for a TENS unit for the patient. In addition it is not clear what area a TENS unit would be applied to and there is no discussion with clearly specified goals from a treatment with a TENS unit. Therefore, the request for a TENS unit was not medically necessary.

Conductive garment to include glove and elbow sleeve: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CONDUCTIVE GARMENT Page(s): 114-120.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that conductive garments are only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the unit is to be used under a cast (as in treatment for disuse atrophy). As the request for TENS unit was denied, the request for conductive garments was unclear. Therefore, the request for Conductive garment to include glove and elbow sleeve was not medically necessary.