

Case Number:	CM14-0034916		
Date Assigned:	06/23/2014	Date of Injury:	12/18/2012
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Nevada and is licensed to practice in Nevada. 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 50-year-old who was reportedly injured on December 16, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicated that there were ongoing complaints of hand numbness. Episodic paralysis was also described. The physical examination demonstrated a well-developed, well-nourished, 5'5, 200-pound individual in no acute distress. A full range of motion of the left wrist was noted. Tinel's and Phalen's signs were negative, and there was no erythema or swelling identified in the left hand. Diagnostic imaging studies objectified a borderline carpal tunnel syndrome. Previous treatment includes braces and medications. A request had been made for a transcutaneous electrical nerve stimulation unit and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT WITH DUAL CHANNEL 4 ELECTRODES 4 MODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN/TENS Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113-116 OF 127.

Decision rationale: The use of this type of device to address a borderline, ordinary disease of life carpal tunnel syndrome is not supported in the California Medical Treatment Utilization Schedule. The adjuster recommended against using this type of device as a primary treatment modality. Furthermore, there was no indication of a one-month trial or utilization of this device in a physical therapy scenario. Therefore, there is insufficient clinical evidence to support a medical necessity to purchase this device.