

Case Number:	CM14-0040185		
Date Assigned:	06/27/2014	Date of Injury:	10/13/2011
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 39-year-old-female who was injured on 10/13/2011. The mechanism of injury is unknown. On a note dated 03/03/2014, the patient is noted to have pain in the right lateral epicondyle with associated numbness. On exam, the patient is tender over bilateral wrist. Tinel's is negative bilaterally at the wrists. There is decreased range of motion and decreased sensation. Diagnoses are myofascial pain syndrome, repetitive strain injury, right lateral epicondylitis and status post left carpal tunnel release. The patient was recommended to continue home exercises. She was given 4 trigger point injections to the right lateral epicondyles and a urine drug screen. A TENS unit has been requested along with pads and electrodes. Her last urine toxicology screen was requested on 12/12/2013. Prior utilization review dated 03/21/2014 states the request for 1 Transcutaneous Electrical Nerve Stimulation Supplies is not authorized as the patient does not have a diagnosis of neuropathic pain associated with diabetic neuropathy and post-herpetic neuralgia; phantom limb pain or multiple sclerosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transcutaneous Electrical Nerve Stimulation Supplies (Pads and Electrodes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, chronic pain and Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Nerve Electrical Stimulation Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS.

Decision rationale: This is a request for TENS Supplies for a 39-year-old female with chronic pain and diagnoses of right carpal tunnel syndrome and right lateral epicondylitis. MTUS guidelines state TENS may be recommended if certain criteria are met. However, there is no documentation provided of the patient's outcomes from use of TENS. There is no discussion of short and long-term goals. According to ODG guidelines, TENS is not recommended for the hand, forearm, wrist or elbow. Therefore the request is not medically necessary.