

Case Number:	CM14-0041709		
Date Assigned:	06/30/2014	Date of Injury:	01/09/2013
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine and is licensed to practice in Hawaii. 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 case is a 43 year old female with a date of injury on 1/9/2013. Review of the medical records indicate that the patient is undergoing treatment for bilateral carpal tunnel. Subjective complaints (2/18/2014) include bilateral wrist pain with paresthesia and radiation to hands. Objective findings(2/18/2014) include normal range of motion of bilateral wrist, continued bilateral wrist pain to palpation, diminished sensation to hands in median distribution, and position phalen's test. Treatment has included medication, physical therapy, acupuncture, and TENS unit (started around 1/7/2014). On 2/18/2014, evaluating physician writes "She has been using a TENS unit. She continued to experience discomfort within both hands." A utilization review dated 3/6/2014 non-certified a request for DME purchase of tens unit due to lack of documented "one month trial".

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of TENS Unit (biostim plus digital): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Forearm, Wrist and Hand, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, TENS; Forearm, wrist, and hand, TENS; Pain, TENS, chronic pain.

Decision rationale: MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-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, for the conditions described below. " MTUS further states criteria for selection:- Documentation of pain of at least three months duration - There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryThe patient has undergone a 'one month trial', per the medical records. However, the treating physician does not document improved outcomes in terms of pain relief or function during or at the conclusion of the trial, which is necessary to extend the TENS treatment. As such, the request for DME purchase of tens unit (biostim plus digital): is not medically necessary.