

Case Number:	CM14-0043123		
Date Assigned:	06/30/2014	Date of Injury:	08/25/2011
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This is a 48-year-old female with a 8/25/11 date of injury. The mechanism of injury was not noted. According to a 2/4/14 progress note, the patient stated that the injection at her last visit gave her partial relief of pain in her right palm. She reported continued pain in both elbows. Objective findings: less tender in the right palm than previously, tender over the medial and lateral aspects of both elbows, tender over the anterior aspects of both shoulders. Diagnostic impression: status post bilateral carpal tunnel releases, bilateral rotator cuff tendinopathy, bilateral medial and lateral epicondylitis, right hand pain. Treatment to date: medication management, activity modification, physical therapy, cortisone injections. A UR decision dated 3/24/14 denied the request for a EMPI TENS unit purchase for home use. The patient is 5 months status post surgery and the CA MTUS only recommends post-operative use of a TENS unit for 30 days. The patient did not undergo an appropriate trial of the TENS unit to justify purchase of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI TENS unit purchase for home use. Retrospective-dispensed 2/27/2014: Upheld

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

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

Decision rationale: CA 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. However, there is little information provided in the reports reviewed regarding this patient's treatment history, including the use of a TENS unit, physical therapy, medication management, or instruction and compliance with an independent program. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Furthermore, this is a request for the purchase of a TENS unit for home use. There is no rationale as to why a purchase of a TENS unit would be necessary when the patient has not yet undergone a trial. Therefore, the request for EMPI TENS unit purchase for home use. Retrospective-dispensed 2/27/2014 was not medically necessary.