

Case Number:	CM14-0045030		
Date Assigned:	07/02/2014	Date of Injury:	10/05/2009
Decision Date:	08/20/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 44 year old female with date of injury of 10/5/2009. A review of the medical records indicate that the patient is undergoing treatment for carpal tunnel bilaterally, wrist tendonitis bilaterally, and epicondylitis bilaterally. Subjective complaints include hand and wrist pain at a 5/10 constantly, numbness, tingling in both hand and wrists. Objective findings include mild tenderness to palpation over lateral forearms bilaterally, tenderness to palpation over the flexor compartment of the right wrist, decreased sensation in the bilateral median nerve distribution. Treatment has included more than 6 months of physical therapy and Ibuprofen. The utilization review dated 4/9/2014 non-certified a TENS unit with 2 month supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with 2 months supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Current Stimulation, Transcutaneous electrotherapy Page(s): 54,114-116,118-120.

Decision rationale: ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention" and details the criteria for selection: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. While the medical documents do indicate that the pain is ineffectively controlled (5/10 on pain scale throughout 2013), the treating physician does not specifically attribute the uncontrolled pain due to diminished effectiveness of medications or poor control of pain with medications due to side effects. Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do indicate ongoing physical therapy, however, progress notes do not detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. No 30 day trial is documented. As such, the request for a TENS unit with 2 months supplies is not medically necessary.