

Case Number:	CM14-0045179		
Date Assigned:	07/02/2014	Date of Injury:	03/16/2012
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
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 Physical Medicine and Rehabilitation 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 28-year-old female who was reportedly injured on 3/16/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 9/20/2013, indicated that there were ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated cervical spine unremarkable and bilateral shoulders full elevation with no pain or impingement and negative provocative test for thoracic outlet syndrome bilaterally. Elbows had full range of motion bilaterally, positive tenderness over the medial/lateral epicondyle with right greater than left, bilateral cubital tunnel tenderness with negative provocative tests for cubital tunnel syndrome bilaterally, subluxation of the ulnar nerve with elbow flexion bilaterally and slight tenderness over the proximal extensors and radial tunnel bilaterally. Bilateral wrists had dull range of motion, positive Tinel's test bilaterally, positive Durkin's compression test with numbness/tingling bilaterally, tenderness over the finger flexors and extensors, pain with stretch of the finger flexors/extensors referring to the forearm and reproducing symptoms. Bilateral hands had decreased sensibility of the phalanges and index, middle fingers bilaterally. No intrinsic muscle weakness or atrophy noted. No recent diagnostic studies were available for review. Previous treatment included acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, steroid injections, and medications. A request was made for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Tens Unit: Upheld

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

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 California Medical Treatment Utilization Schedule recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality, and there is no documentation of a previous one-month trial. As such, the request for a TENS unit is not medically necessary.