MAXIMUS Federal Services

Case Number:	CM14-0049499		
Date Assigned:	07/07/2014	Date of Injury:	10/03/2012
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/17/2014

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 46-year-old female with a 10/3/12 date of injury. The mechanism of injury was not noted. According to a 5/12/14 progress report, the patient had finished hand therapy. She stated that she was making progress, but slower than she had hoped. She complained of numbness most of the time of fingers; middle to small, on and off sometimes thumb and index. Objective findings: elbow ROM full extension, flexion 135; thumb and finger ROM is almost normal, tips just hit mid palm; wrist ROM good; thenar, hypothenar, and interosseous motors are normal; light stroke sensory testing is sensate at the palm, duller at the tips all digits; dulled at the dorsal hand. Diagnostic impression: bilateral carpal tunnel syndrome, left improved post 7/29/13 surgery, right post 2/20/14 surgery; right more than left ulnar neuropathy at the elbow; bilateral upper extremity myalgia. Treatment to date: medication management, activity modification, hand therapy, TENS unit, and surgery. There is no mention of a prior trial of a TENS unit in a clinical setting resulting in measureable objective and functional improvements. It is unclear how this unit is expected to positively impact the claimant's function post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. According to a 3/19/14 hand therapy note, the patient has been using TENS unit at home. In the reports reviewed, there is no documentation of significant pain reduction or functional improvement from her prior TENS use. In addition, there is no information provided as to failure of conservative therapy, such as medications. There is also no documentation as to how often the patient was using the TENS unit. Therefore, the request for a TENS Unit Purchase was not medically necessary.

Six months TENS unit supplies: 20 packages 2x2 electrodes and 24 9 volt alkaline batteries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.