

Case Number:	CM14-0063111		
Date Assigned:	06/20/2014	Date of Injury:	05/22/2011
Decision Date:	07/24/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who reported an injury to her right thumb. The clinical note dated 10/21/13 indicates the injured worker having undergone a right sided lateral epicondylectomy. The injured worker underwent a suture removal at that time. The operative report dated 10/03/13 indicates the injured worker undergoing a right sided lateral epicondylectomy with a fasciotomy. The therapy note dated 10/30/13 indicates the injured worker having completed 24 physical therapy sessions to date. The injured worker continued with complaints of severe levels of pain at the right elbow. The clinical note dated 12/10/13 indicates the injured worker continuing with right upper extremity pain. The injured worker was being recommended for the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit to address the upper extremity pain, specifically at the wrist and elbow. The utilization review dated 03/01/14 resulted in a denial for the use of a TENS unit as no information had been submitted regarding a 1 month trial of a TENS unit with an objective functional improvement through the course of treatment. Additionally, it was unclear at that time if the injured worker was continuing with more conservative treatments in addition to the use of the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase TENS (Transcutaneous electrical nerve stimulation) 2-lead, multiple nerve Date of service 1-10-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-117.

Decision rationale: The request for a purchase of a TENS unit is not medically necessary. The documentation indicates the injured worker complaining of right upper extremity pain specifically at the elbow and wrist. The use of a TENS unit is indicated for injured workers who have demonstrated an objective functional improvement through a 1 month trial period of a TENS unit. No information had been submitted regarding the injured worker's previous 1 month trial of a TENS unit. Additionally, no information was submitted regarding the injured worker's ongoing conservative treatments during the prospective period of time. Given these factors, the request is not indicated as medically necessary.