

Case Number:	CM14-0066155		
Date Assigned:	07/11/2014	Date of Injury:	09/23/2011
Decision Date:	12/31/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 Family Practice 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:

The claimant is a 47 year old male who sustained a cumulative work injury from 9/23/11 to 11/23/11 involving the left upper extremity, bilateral wrists and right ankle. He was diagnosed with left shoulder tendonitis, left lateral epicondylitis, left cubital tunnel syndrome and bilateral wrist internal derangement. He had used a TENS unit since at least August 2013. An MRI of the left wrist in 1/2014 showed dorsal intercalated segment instability. On 1/20/14 a request was made for a 6 month extended rental of a TENS/EMS unit. A progress note on 2/21/14 indicated the claimant had 6/10 left shoulder, elbow and wrist pain. Exam findings were notable for tenderness in the left elbow, medial epicondyle, tenderness in the carpals, tenderness in the malleoli, and decreased sensation in both wrists. Muscle relaxants and anti-epileptics for neuropathy were given.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (Durable Medical Equipment): Neurostimulator TENS (Transcutaneous Electrical Nerve Stimulation) / EMS (Electronic Muscle Stimulator): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: complex regional pain syndrome (CRPS), multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had been on a TENS unit for over 6 months and an additional 6 months was requested. The request for continued and long-term use of a TENS/EMS unit is not medically necessary.