MAXIMUS Federal Services

Case Number:	CM14-0088945		
Date Assigned:	07/23/2014	Date of Injury:	04/10/2010
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 patient is a 40 year old male who sustained an industrial injury on 4/10/2010. The 7/19/2013 EMG/NCV report documents the patient's chief complaint is left hand 5th finger numbness. The study reveals evidence of mild bilateral CTS and bilateral ulnar neuropathy, mild to moderate on the left and mild on the right, and no entrapment at the elbow. According to the recent PR-2 dated 7/2/2014, the patient complains the low back is the same and the left wrist is slightly better. His complaints are (moderate) pain, stiffness, weakness, and numbness. Objective examination indicates ++ (mild) TTP, spasm, and ROM of the lumbar spine and left wrist. The listed diagnoses are CTS, sprain/strain elbow/arm. Naprosyn cream is dispensed. He remains TTD status. The 5/21/2014 PR-2 appears to document the same complaints and objective findings as the subsequent 7/2/2014 PR-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Electrodes (X10 packs), purchase 5 month supply.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: According to the California MTUS guidelines, 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, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: neuropathic pain, phantom limb pain and CRPS II, multiple sclerosis, and spasticity. The medical records do not establish that the patient is participating in a functional restoration program as treatment of any of these above listed conditions. The medical records do not establish that the patient is a viable candidate for a TENS unit rental, as there is no evidence in the medical records that he has any of these conditions. Additionally, benefit from use of a device has not been demonstrated in this case. The medical records fail to establish an electrical stimulation unit is appropriate and medically necessary for the management or treatment of this patient's diagnosis. Therefore, DME: Electrodes (X10 packs), purchase 5 month supply is not medically necessary.