

Case Number:	CM14-0194521		
Date Assigned:	12/02/2014	Date of Injury:	07/11/2013
Decision Date:	01/31/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 45 year old female with an injury date on 7/11/13. The patient complains of pain in bilateral upper extremities, with pain level rated 4-7/10, increased with use of computer for more than 15 minutes without a break or an hour with 2-3 breaks per 10/22/14 report. The patient has a tingling right thumb, 4th, and 5th digits per 10/22/14 report. The patient had some GI upset with use of Naproxen, so she stopped taking it after about week, although patient said it was helpful in combination with TENS and 8 sessions of hand physical therapy which finished last Friday per 10/22/14 report. Based on the 10/22/14 progress report provided by the treating physician, the diagnoses are: 1. RSI UE bilateral 2. R medial epicondylitis; R DeQuervains 3. R carpal tunnel syndrome A physical exam on 10/22/14 showed "full range of motion bilateral shoulders, full elbow flexion, supinate, pronate full. Full range of motion fingers bilateral. Wrist -20% dorsi and palmar flex bilateral with pain behaviors R > L." The patient's treatment history includes medications, TENS, physical therapy (8 sessions). The treating physician is requesting TENS unit. The utilization review determination being challenged is dated 10/29/14. The requesting physician provided treatment reports from 8/1/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: This patient presents with bilateral upper extremity pain, tingling in thumb and 4th/5th digits. The treater has asked for TENS unit on 10/22/14. The treater recommended a TENS unit trial on 8/1/14 report. The patient is using a TENS unit on 10/22/14 report, but the length of the trial is not included in the documentation. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, Complex Regional Pain Syndrome (CRPS), spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient presents with chronic pain in the fingers of the left hand. There is documentation of prior use of a TENS unit, but it is not clear if patient has had a one-month trial. In addition, there is no diagnosis that meets MTUS criteria for use of a TENS unit. The request is not medically necessary.