

Case Number:	CM14-0202903		
Date Assigned:	12/15/2014	Date of Injury:	09/17/2010
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 female patient with a date of injury of September 17, 2010. A utilization review determination dated November 26, 2014 recommends non-certification of a TENS unit purchase. A progress note dated September 25, 2014 identifies subjective complaints of the patient presenting almost one month status post left elbow revision ulnar neurolysis and subcutaneous transposition of the nerve as well as left endoscopic carpal tunnel release. The patient complains of ongoing numbness in the ulnar nerve distribution. The physical examination reveals decreased sensation to light touch in the ulnar distribution and dorsal ulnar sensory branch distribution, improved range of motion of the left elbow, and sensitivity to light touch over the course of the ulnar nerve at the medial aspect of the elbow. The diagnoses include status post revision neurolysis and transposition of the ulnar nerve of left elbow, and status post left endoscopic carpal tunnel release. The treatment plan recommends that the patient continue with therapy. A physical therapy progress note dated December 4, 2014 identifies gradual decrease in paresthesias and slight improvements and strength, although it has continued limitations due to severe pain. The treatment plan recommends the use of TENS unit that has been consistently used during the patient's therapy sessions and has been effective in reducing the patient's level of pain and hypersensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS unit purchase, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no documentation of a 30 day TENS unit trial with or any specific objective functional improvement that has resulted due to the use of the tens unit. Additionally, there is no documentation indicating failure of other treatment modalities, such as medications. In the absence of clarity regarding those issues, the currently requested TENS unit purchase is not medically necessary.