

Case Number:	CM14-0204366		
Date Assigned:	12/16/2014	Date of Injury:	05/10/2013
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 49year old man with a work related injury dated 5/10/13 resulting in chronic pain to the upper extremity. The patient had wrist surgery on 9/24/14 for left carpal tunnel syndrome. The patient was evaluated by the primary treating physician on 10/28/14. He was still having left wrist pain 8/10. The physical exam showed decreased left range of motion with painful range of motion. The right wrist had postivie Phalens test, Tinel and Durkans test. The diagnosis includes multilevel radiculopathy, left moderate and right severe Carpal Tunnel Syndrome, peripheral neuropathy of the left ulnar motor and sensory nerves. The plan of care included a 10 month trial for a TENS unit. Under dispute is the medical necessity for a neurostimulator TENS-EMS, rental for 10 months for left wrist pain which was denied during utilization review on 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS, rental for 10 months for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-117.

Decision rationale: According to the MTUS electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. According to the MTUS, the use of a 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, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. Also a one-month trial may be considered as a noninvasive conservative option. In this case the request is for a 10 month trial which is not medically necessary.