

Case Number:	CM14-0205428		
Date Assigned:	12/17/2014	Date of Injury:	03/20/1996
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 28, 1996. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for TENS unit supplies. The claims administrator referenced progress notes of August 28, 2014, May 29, 2014, and November 5, 2013 in its determination. The claims administrator suggested that ongoing usage of TENS unit had not, in fact, proven beneficial here. The applicant's attorney subsequently appealed. On August 28, 2014, the applicant reported ongoing complaints of neck and bilateral knee pain, exacerbated by prolonged weightbearing. The attending provider stated that the applicant was using a TENS unit on a daily basis and went on to seek authorization for TENS unit supplies. Motrin and Zanaflex were also endorsed. The applicant's work status was not clearly outlined. The note was quite sparse. Stated diagnoses included cervical spondylosis, cervical radiculopathy, and bilateral knee arthritis. It was suggested that the applicant was permanent and stationary with permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS Unit Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: The injured worker is a 40-year-old male who reported injury due to cumulative on 08/29/2013. On 05/20/2014, his diagnoses included right lateral epicondylitis, right carpal tunnel syndrome and right ulnar nerve compression at the elbow. The EMG/NCS on 08/08/2014, was abnormal, showing bilateral carpal tunnel syndrome, mild on the right and minimal on the left; there was no evidence of ulnar or radial neuropathy or significant cervical radiculopathy. On 09/02/2014, he was given a nerve block to the right lateral elbow, followed by an injection of the right lateral extensor origin, which did not help relieve his pain. His complaints included coldness in the right hand with numbness, as well as pain in the right elbow radiating to the right hand. There was significant tenderness over the right medial elbow and positive Tinel's and elbow flexion tests. There was also tenderness over the right lateral elbow with a positive middle finger test. There was no rationale or Request for Authorization included in this injured worker's chart.