

Case Number:	CM14-0211854		
Date Assigned:	12/24/2014	Date of Injury:	06/10/2010
Decision Date:	06/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who suffered a work related injury on 06/10/10. Per the physician notes from 09/12/14, he complains of bilateral hand discomfort, and weakness, particularly on the left side. He was noted to be in distress. Diagnoses include neuropathy of upper extremity, pain in the forearm/wrist, and carpal tunnel syndrome. The treatment plan includes occupational therapy and local cream for his hand. The requested treatment is TENS unit rental and supplies for a month. There is no documentation from the requesting physician submitted for review. The TENS unit was non-certified by the Claims Administrator on 11/18/14 as it is not recommended as a primary treatment modality. MTUS is cited. This treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual TENS/EMS unit rental with supplies x1 for one month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS).

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

Decision rationale: The most recent report provided for review is dated 09/18/14 and states the patient presents with bilateral hand discomfort and weakness more left than right s/p CTS release in February 2014. The current request is for Prime Dual TENS/EMS unit rental with supplies x1 for one month. The RFA is not included. The 11/18/14 utilization review states that the request was received 11/05/14. As of 09/12/14 the patient is Temporarily Totally Disabled until 10/12/14. MTUS guidelines Transcutaneous electrotherapy pages 114, 115, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The treater does not discuss the request in the reports provided. The treatment plans show that this this is not a sole treatment modality as the patient is being recommended for occupational therapy for the hand, home exercise and a topical cream. Furthermore, chronic pain and neuropathy is documented for this patient. There is no evidence of prior TENS use. The most recent report states there has been no rehabilitation therapy. Guidelines allow a one month home based trial. The request is medically necessary.