

Case Number:	CM14-0211865		
Date Assigned:	12/24/2014	Date of Injury:	02/01/2011
Decision Date:	02/19/2015	UR Denial Date:	12/06/2014
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: Preventive Medicine, Occupational Medicine

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 individual is a 38 y/o female who has developed persistent upper extremity discomfort subsequent to an injury dated 2/1/11. She has been diagnosed with bilateral carpal tunnel syndrome (mild changes electrodiagnostically). She has had a left sided carpal tunnel release. There is no history of a home trial of a TENS unit and no rationalization of the medical necessity for a conductive garment. The TENS unit is documented to be for the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: MTUS Guidelines have very specific standards to recommend a TENS unit. Prior to the purchase of a TENS, there needs to be a 1 month rental and trial. If there are clearly

established benefits during this trial, purchase for longer-term use can then be considered. These Guideline standards have not been met and there are no unusual circumstances to justify an exception to Guidelines. The TENS unit is not medically necessary.

Conductive garment for use w/TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: MTUS Guidelines are very specific regarding the medical necessity for a conductive garment. There has to be an established medical condition or extent of coverage that usual and customary TENS leads would not work. These standards have not been met. The request for the conductive garment with the TENS unit is not medically necessary.

Terocin Patches # 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.