

Case Number:	CM15-0000358		
Date Assigned:	01/09/2015	Date of Injury:	07/09/2013
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/02/2015

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:

This 43 year old male suffered an industrial injury on 7/9/13 with subsequent. Treatment included physical therapy, TENS unit and medications. Electrodiagnostic study (10/16/14) showed moderate left carpal tunnel syndrome, mild right carpal tunnel syndrome and mild right cubital tunnel syndrome. In a PR-2 dated 11/21/14, the injured worker presented with continued left wrist pain, numbness and tingling. The physician noted that the injured worker had trialed and failed physical therapy, TENS unit and muscle relaxants. In a PR-2 dated 12/2/14, the injured worker complained of ongoing right and left elbow, wrist, forearm and hand pain. Current diagnoses included left elbow strain, right carpal tunnel syndrome and left carpal tunnel syndrome. The treatment plan included a TENS unit and continuing medications. In a PR-2 dated 12/19/14, the injured worker complained of ongoing bilateral wrist and forearm pain, left greater than right. The injured worker reported his pain at 4-5/10 on the visual analog scale with medication and 7-8/10 without medication. Physical exam was remarkable for paresthesia over the left radial wrist and dorsum surface that was unchanged from previous exams and tenderness in the right lateral epicondyle and wrist extensor muscles. The physician noted that the injured worker had failed conservative therapy with TENS, muscle relaxant and physical therapy for greater than six months. On 12/26/14, Utilization Review non-certified a request for a TENS unit and supplies (rental or purchase) citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: Upheld

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

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

Decision rationale: The patient presents with ongoing bilateral wrist and forearm pain, left greater than right. The request is for a TENS UNIT AND SUPPLIES. She has paresthesia over the left radial wrist and dorsum surface as well as tenderness in the right lateral epicondyle and wrist extensor muscles. The physician noted that the injured worker had failed conservative therapy with TENS. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, the treater does not provide any discussion regarding the request. It appears that the patient has previously used the TENS unit. There is no mention of how the patient is utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit and supplies IS NOT medically necessary.