

Case Number:	CM15-0007379		
Date Assigned:	01/22/2015	Date of Injury:	04/14/2011
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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, Arizona
 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 51-year-old female with a reported date of injury on 04/14/2011, which the injured worker attributes to performance of job duties (constant keyboard activities). The injured worker's diagnoses are noted to include status post right open cubital tunnel release in 2012 and status post cubital tunnel release of the right elbow, as well as first dorsal compartment release of the right wrist on 02/05/2014. The treatment options completed thus far were shown to include occupational therapy, activity modification, braces and surgical intervention. The injured worker was also noted to have been taken Gabapentin and Norco. Diagnostic studies, to date, were noted to include x-rays performed in 02/2014, which were noted to show no obvious fracture, dislocations or abnormalities. It was also noted EMG/NCV studies were conducted; however, the results of the studies were not provided. The latest clinical note dated 12/19/2014, noted the injured worker had subjective complaints of elbow and wrist pain rated 7/10. On physical examination of the right wrist, it was noted there was no visible erythema or deformity and no evidence of effusion. Range of motion was full, but painful. Sensation was also noted be intact to light touch. Examination of the right elbow demonstrated no visible erythema, deformity and no evidence of effusion. Range of motion was also noted to be full, but painful and there was tenderness over the medial epicondyle. Sensation examination revealed distal sensation that was intact to light touch. It was noted the physician was recommending a TENS unit as the patient noted relief with the use of a TENS unit during therapy and the physician believed that the TENS unit would be a good addition for home use in order to keep inflammation down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: The California MTUS Guidelines state that a TENS unit be recommended for a 1 month trial as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence of that other appropriate pain modalities have been tried and failed. In addition, the guidelines continue to state that during a 1 month trial period there should be documentation provided to include how often the unit was used, as well as outcomes in terms of pain relief and function and ongoing pain. Treatment should be documented during the trial including medication use. Although it was noted in the documentation that the injured worker received benefit from the use of a TENS unit during therapy, there was no documentation provided demonstrating measurable therapeutic benefit as evidenced by increased function or decreased medication use. In addition, there is no symptomatology or objective exam findings to demonstrate that the injured worker has a neurological condition that would benefit from the use of this treatment option and the documentation indicated that the physician was prescribing it to reduce inflammation, which is not an appropriate use for a TENS unit. Furthermore, there is lack of evidence of a successful 1 month trial. As such, the request for transcutaneous electrical nerve stimulation (TENS) unit and supplies is not medically necessary.