

Case Number:	CM15-0008681		
Date Assigned:	01/26/2015	Date of Injury:	12/10/2010
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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 61-year-old female with a reported date of injury on 03/20/1999; the mechanism of injury is not provided. The patient's diagnoses include bilateral shoulder sprain/strain, bilateral wrist carpal tunnel syndrome, bilateral ulnar neuritis, and bilateral medial epicondylitis. Prior treatments were noted to include left carpal tunnel release and left elbow surgery of unknown dates. The latest clinical note dated 12/16/2014 noted the injured worker had numerous subjective complaints to include pain to the bilateral shoulders, bilateral elbows, bilateral wrists and hands. An upper extremity examination indicated that the patient had tenderness to palpation to the bilateral acromioclavicular joints as well as limited range of motion secondary to pain. It was also noted there was positive impingement, apprehensive sign, and empty can sign test. Strength was measured 2+/5. Examination of the elbow/forearms revealed tenderness to palpation of the bilateral medial epicondyles and limited range of motion secondary to pain. It was also noted that there was positive cubital Tinel's bilaterally and strength was measured 2+/5. Examination of the wrist/hands was noted to reveal tenderness to palpation of bilateral wrist joints and generalized tenderness to palpation of the hands. It was also noted that there was limited range of motion secondary to pain and there was positive carpal Tinel's and Phalen's test bilaterally and decreased grip strength bilaterally. Under the treatment plan, it was noted the physician was going to request a TENS unit; however, the Request for Authorization form indicated that the physician requested a 1 month home based trial of neurostimulator TENS/EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-month home based trial neurostimulator TENS-EMS, upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS; NMES Page(s): 114 - 116; 121.

Decision rationale: The request as provided included a 1 month home based trial for neurostimulation with a TENS/EMS unit, which is a combination unit of transcutaneous electrical nerve stimulation and neuromuscular electrical stimulation. According to the California MTUS Treatment Guidelines, a 1 month trial of transcutaneous electrical nerve stimulation may be recommended 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 that other appropriate pain modalities have been tried and failed. The guidelines continue to state that neuromuscular electrical stimulation is not currently recommended as there is no evidence to support its use for chronic pain. There is lack of evidence that the unit will be used in conjunction with a program of evidence based functional restoration and there is lack of documentation that appropriate pain modalities have been tried and failed prior to consideration of this device. In addition, as the device requested includes neuromuscular electrical stimulation, the device itself is not currently recommended according to the treatment guidelines. Furthermore, the request does not differentiate whether this is for a purchase or rental. Therefore, the request for one-month home based trial neurostimulator TENS-EMS, upper extremities is not medically necessary.