

Case Number:	CM15-0101793		
Date Assigned:	06/04/2015	Date of Injury:	10/26/2005
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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, Pain Management, 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 10/26/05. Initial complaints were not reviewed. The injured worker was diagnosed as having multilevel disc disease with radicular component down upper extremities; left shoulder impingement syndrome; status post left shoulder decompression, labral repair, distal clavicle excision; carpal tunnel syndrome right; issues with sleep; stress; hypertension. Treatment to date has included medications. Diagnostics included EMG/NCV studies bilateral upper extremities (2008 and 2012); X-rays left shoulder (no date). Currently, the PR-2 notes dated 4/20/15 indicated the injured worker was last seen on 3/9/15 and reports her pain is unchanged. She has pain from the neck down to the shoulders, elbows, and wrist with numbness and tingling and weakness. She has access to a brace and hot and cold wrap. Objective findings note tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle; pain along the left shoulder; rotator cuff and biceps tendon with abduction at 160 degrees and tenderness along the right wrist, CMC and carpal tunnel with positive Tinel at the wrist. EMG's from 2008 and 2012 showed no radiculopathy. The provider has requested a TENS unit with conductive garment for the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with conductive garment for the hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: MTUS 2009 states that a TENS unit with garment is only recommended when there is a large area that requires stimulation that a conventional system cannot cover. This garment is requested for the hand, which is small area. The use of a TENS with garment does not adhere to MTUS 2009 in this situation and there is no explanation for why a conventional TENS would not work. The TENS with garment for the hand is not medically necessary since the hand is a small area that is easily covered by conventional electrode placement.