

Case Number:	CM15-0108351		
Date Assigned:	06/15/2015	Date of Injury:	09/07/2008
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained an industrial injury on 09/07/2008. Treatment provided to date has included: physical therapy, carpal tunnel release (01/2010), medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/11/2015, psychiatric occupational report noted complaints of continued significant right hand, right wrist, and right forearm pain. No pain rating or description of the pain was provided. The physical exam revealed paresthesia in the right upper extremity, decreased range of motion in the right hand, wrist and elbow secondary to pain, tenderness over the carpal bones in the right wrist as well as over the right forearm extensors and flexors, and tenderness to palpation over the right medial epicondyle. It was noted that the exam of the right hand and wrist was limited due to pain and weakness. The provider noted diagnoses of carpal tunnel syndrome. The report also notes that the injured worker has not had any significant response to TENS (Transcutaneous Electrical Nerve Stimulation) therapy. Plan of care includes 6 sessions of percutaneous electrical nerve stimulation (PENS) and follow-up. The injured worker's work status is permanent and stationary with restrictions (currently not working). Requested treatments include 6 sessions of percutaneous electrical nerve stimulation (PENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation (PENS) 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for right upper extremity pain. Prior treatments have included medications, physical therapy, and TENS without reported benefit. When seen, there was decreased and painful elbow, wrist, and hand range of motion with tenderness. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. It is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation, for example, scar tissue. In this case, there is no adjunctive treatment being planned and the request is intended for palliative purposes only. Therefore, the requested percutaneous electrical peripheral nerve stimulation treatments cannot be considered as being medically necessary.