

Case Number:	CM15-0130345		
Date Assigned:	07/16/2015	Date of Injury:	09/19/2011
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, 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 September 19, 2011. She has reported injury to the low back radiating to the hips and bilateral shoulders with bilateral wrist and hand pain and has been diagnosed with rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy, right shoulder rotator cuff tear, cervical spine strain, history of injury to both lower extremities, ankles, both wrists and both hands, and low back pain. Treatment has included medical imaging, medications, physical therapy, acupuncture, and bracing. Objective findings note a positive Neer's and Kennedy Hawkins impingement test. Bilateral hands and wrist showed a positive Phalen's and Durkan's median compression test. The treatment request included a purchase of home alpha stimulation unit. Based on 6/5/15 clinic note, there has been an improvement of anxiety, sleep and depression with the alpha-stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home Alpha-Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According to the cited MTUS guidelines, purchase of TENS unit is appropriate after 1 month trial has shown improvement both in pain relief and functional capacity. From the medical record provided, the IW has subjective improvement in sleep, anxiety and depression although there is no mention in change of pain or physical functional capacity with the one month trial of alpha-stimulation. Based on the provided clinic notes and cited guidelines, purchase of an alpha-stim unit is not clinically indicated at this time.