

Case Number:	CM15-0131387		
Date Assigned:	07/17/2015	Date of Injury:	08/05/2014
Decision Date:	08/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 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 applicant is a represented 47-year-old who has filed a claim for chronic elbow, hand, and wrist pain reportedly associated with an industrial injury of August 5, 2014. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve a request for TENS unit with associated supplies. The claims administrator referenced an RFA form received on May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant reported ongoing complaints of hand and wrist pain with associated numbness. The applicant was given diagnosis of carpal tunnel syndrome and traumatic arthropathy of the hand. Wrist paresthesias were reported. Physical therapy was sought, along with a TENS unit in an associated progress note. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider did not state whether the applicant had previously employed the TENS unit on a trial basis. On an earlier note dated April 20, 2015, the applicant reported 3-9/10 wrist pain complaints. Work restrictions were again endorsed. There was no mention of the applicant's employing a TENS unit on a trial basis on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for TENS unit [purchase] with provision of associated supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier one-month trial of said TENS unit, with beneficial effects evident in terms of both pain relief and function. Here, however, it appeared that the TENS unit in question was sought on a purchase basis on May 26, 2015, without the applicant's having undergone a previously successful one-month trial of the same. Therefore, the request was not medically necessary.