MAXIMUS Federal Services

Case Number:	CM15-0133576		
Date Assigned:	07/21/2015	Date of Injury:	04/18/2012
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old female patient who sustained an industrial injury on 04/18/2012. A follow up dated 01/12/2015 reported the patient with subjective complaint of having worsening left carpal tunnel symptoms with near constant numbness and pain as well as nighttime pain with sleep interruption. She is status post right carpal tunnel release and right thumb arthroplasty. The treating diagnosis was left carpal tunnel syndrome with progression. The plan of care noted to proceed with conservative treatment. She is prescribed working regular duty with the use of wrist support. The following visit dated 03/23/2015 reported a request for acupuncture therapy being denied. There was no change in the subjective complaint. The treating diagnoses stated: right thumb osteoarthritis status post arthroplasty, and left carpal tunnel syndrome with residual symptoms. The plan of care noted recommending acupuncture therapy. A primary treating follow up dated 08/26/2014 reported the patient having been deemed permanent and stationary discharged with future medical care for the arthritic thumb. Since this time she has been re-evaluated for incapacitating right thumb pain, numbness secondary to median nerve compression. She then underwent the first surgical repair on 11/22/2013 with a full recovery. A primary follow up dated 05/04/2015 reported the patient being previously treated for left carpal tunnel syndrome and due to a anti-coagulation issue the treatment noted conservative with recommendation to undergo acupuncture therapy. There is continued recommendation to participate in acupuncture treating the left carpal concern.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Trial TENS Home Use Bilateral Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no recent documentation of failure of conservative treatment. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of 1 Month Trial TENS Home Use Bilateral Wrist is not medically necessary.