

Case Number:	CM15-0139659		
Date Assigned:	07/29/2015	Date of Injury:	08/20/2013
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Family Practice

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 35 year old female who sustained a work related injury August 20, 2013. Past history included bilateral myofascial pain, bilateral carpal tunnel syndrome, and status post left carpal tunnel release March, 2014, right carpal tunnel release June, 2014, and lateral epicondylitis. According to a physician's encounter, dated July 2, 2015, the injured worker presented with complaints of pain (unspecified). She reports she was able to tolerate getting her nails done. She has been using a TENS (transcutaneous electrical nerve stimulation) unit with excellent control of symptoms, however, her TENS unit is malfunctioning and she needs to get it repaired or replaced. She continues to have tendonitis pain. She has benefited from acupuncture in the past. She is studying to become a realtor. Physical examination revealed lateral epicondylitis, right tender radial forearm and tender first webspace bilaterally. Assessment is documented as bilateral myofascial pain; bilateral carpal tunnel syndrome; lateral epicondylitis. Treatment plan included to repair or replace TENS unit, referral for acupuncture and prescription for Tylenol. At issue, is the request for authorization for acupuncture therapy visits x 8 and TENS unit (indefinite) QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy (visits), QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. In this case, the medical records note that Utilization Review has allowed for an initial three sessions of acupuncture therapy to determine efficacy. It would be reasonable to complete the authorized sessions prior to determining necessity of additional treatment. The request for Acupuncture therapy (visits), QTY: 8 is not medically necessary and appropriate.

TENS unit (indefinite), QTY: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . The medical records note that the injured worker's current Tens unit is not functioning. The injured worker has reported efficacy from the Tens unit. She is currently studying to become a realtor. The request for a replacement unit of Tens unit is supported to allow continued control of her symptoms. The request for TENS unit (indefinite), QTY: 1 is medically necessary and appropriate.