

Case Number:	CM15-0140400		
Date Assigned:	07/30/2015	Date of Injury:	08/22/2013
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
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: Arizona, 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 52 year old female, who sustained an industrial injury on 08-22-2013. She has reported injury to the left wrist, left shoulder, and low back. The diagnoses have included history of left distal radius fracture, non-displaced; status post left TFCC (triangular fibrocartilage complex) repair; status post left ulnar styloid open reduction internal fixation; left shoulder supraspinatus and infraspinatus tears and tendinosis; lumbar musculoligamentous injury; and lumbar muscle spasm. Treatments have included medications, diagnostics, bracing, physical therapy, home exercise program, and surgical intervention. A progress report from the treating physician, dated 01-8-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of activity-dependent left hand and forearm pain post-surgically; the pain radiates to the forearm; she has tingling sensation as well as pins and needles; and she has difficulty lifting small items, difficult supination. Objective findings included cast is intact; sensation to all digits; and decreased range of motion of the left wrist. The treatment plan has included the request for neuro-stimulator TENS (transcutaneous electrical nerve stimulation) - EMS (electrical muscle stimulation) rental 12 months for left wrist/hand; and neuro-stimulator TENS (transcutaneous electrical nerve stimulation) - EMS (electrical muscle stimulation) rental 12 months for back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro stimulator TENS-EMS rental 12 months left wrist/hand, back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was beyond the 1-month trial and long-term use or response cannot be predicted. The request for 12 month rental of a TENS unit is not medically necessary.

Neuro stimulator TENS-EMS rental 12 months for back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was beyond the 1-month trial and long-term use or response cannot be predicted. The request for 12 month rental of a TENS unit for back pain is not medically necessary.