

Case Number:	CM15-0164124		
Date Assigned:	09/01/2015	Date of Injury:	05/05/2014
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46-year-old male, who sustained an industrial injury on 5-5-2014. He reported injury to the right upper extremity from chopping wood. Diagnoses include right shoulder strain, impingement, arthritis, status post right shoulder arthroscopy, right carpal tunnel syndrome, status post carpal tunnel release, status post cubital tunnel release, and early complex regional pain syndrome (CRPS). Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the right shoulder, elbow, and wrist. On 6-26-15, the physical examination documented a purplish discolored right hand with difference in temperature between right and left hand. The plan of care included a request to authorize a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS unit & supplies for the right upper extremity: Upheld

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

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

Decision rationale: This 46 year old male has complained of right arm pain, shoulder pain and wrist pain since date of injury 5/5/2014. He has been treated with surgery, physical therapy and medications. The current request is for purchase of a TENS unit and supplies for the right upper extremity. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not indicated as medically necessary.