

Case Number:	CM15-0168363		
Date Assigned:	09/09/2015	Date of Injury:	03/20/2013
Decision Date:	10/13/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/26/2015

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: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 3-20-13. The injured worker reported pain in the bilateral upper extremities, neck, headaches, and bilateral shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for possible bilateral carpal tunnel syndrome, possible bilateral overuse hand syndrome, possible bilateral wrist sprain-strain, bilateral elbow medial epicondylitis, possible bilateral elbow sprain-strain, possible referred pain from carpal tunnel syndrome versus cubital tunnel syndrome or pain related to medial epicondylitis, bilateral shoulder pain and impingement, bilateral shoulder sprain-strain, possible referred pain from bilateral wrist and hand, possible cervical discogenic pain, possible bilateral cervical facet pain C2-3 C5-6, possible cervical sprain-strain, bilateral cervical radicular pain versus referred pain from bilateral wrist and hand. Medical records dated 6-24-15 and 7-20-15 indicate constant pain in the bilateral wrists, hand, elbow and upper extremities rated at 5-7 out of 10. Records indicate increasing/worsening of the injured workers activities of daily living. Provider documentation dated 6-24-15 noted the worker was working part-time and noted the work status as modified work. Treatment has included exercises, heat, cold, pain medications, cortisone injection, therapy, Ultram since at least June of 2015 and Flexeril since at least June of 2015. Objective findings dated 7-20-15 were notable for tenderness to C2-C6, C5-C6, bilateral trapezius tenderness noted as well as tenderness with cervical spine movements, tenderness extending from T1-T4, bilateral elbow tenderness over medial epicondyle, bilateral wrist examination with carpal tunnel

compression positive and weakness in hand grip bilaterally. The treating physician indicates that the urine drug testing result (7-21-15) showed no aberration. The original utilization review (7-20-15) denied a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 6/24/15 progress report provided by the treating physician, this patient presents with constant bilateral wrist, hand, elbow, and upper extremity pain that is rated 7/10 on VAS scale. The treater has asked for TENS UNIT but the requesting progress report is not included in the provided documentation. The treater requested a trial of a TENS unit for a one month trial in 6/24/15 report, as patient used it in physical therapy and found it helpful. report, however, in a prior report and stated: The treater includes a request for authorization dated 7/14/15 but there are no diagnoses listed. The patient also has constant neck pain, constant headaches that radiate to the front of her head, and constant bilateral upper extremity pain with numbness/tingling/weakness/cramps/burning per 6/24/15 report. The patient states that the pain is limiting her work, home, social, reactional and sexual activities, and that the pain is negatively affecting sleep per 6/24/15 report. The patient does not have a notable surgical history regarding the upper extremities or the neck per review of reports, but patient is s/p gastric bypass in April 2012 with pre-surgery weight of 311; the patient now weighs 168 pounds. The patient's current medications include Atorvastatin, Losartan, Carvedilol, and Norco per 6/24/15 report. The patient's work status is currently not permanent and stationary as of 6/24/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the provider is requesting a TENS unit for this patient's continuing neck and upper extremity pain. The request appears to be for a purchase of a TENS unit. However, there is no documentation of a 30-day trial prior to purchase. Although a request for authorization dated 6/24/15 requested a one month trial of a TENS unit, there is no evidence the patient has undergone a one-month trial. There is only one progress report included in the documentation. Utilization review letter dated 7/20/15 denies request due to lack of evidence of a prior one month trial. A progress report dated 7/20/15, the same date as the utilization review letter, also did not include evidence of a prior 1-month trial of TENS unit. Therefore, the request IS NOT medically necessary.