

Case Number:	CM15-0203033		
Date Assigned:	10/19/2015	Date of Injury:	09/16/2013
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii
 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 37 year old male with an industrial injury date of 09-16-2013. Medical record review indicates he is being treated for biceps tendinitis, neck sprain, cervicgia, trigger finger, joint pain-hand, lesion of ulnar nerve and carpal tunnel syndrome. Subjective complaints (08-27-2015) included no improvement in his hand tremors post hand surgery. He reported some improvement in numbness and tingling. He also complained of left elbow pain along with worsening numbness and tingling in the left fourth and fifth digits. Prior treatments included injection for right trigger thumb, hand therapy and medications. His medications included Norco and Naproxen. Physical exam (08-27-2015) noted limited motion of the cervical spine with positive Spurling's to right and tenderness of paraspinal muscles. Right elbow exam revealed a tender painful mass located in the anterior elbow fossa, mobile, firm and approximately 3 cm in diameter. Left elbow noted tenderness to palpation of medial epicondyle. Wrist range of motion was normal. On 10-07-2015 the request for GSMHD Combo TENS with Han Programs (4 lead and supplies) purchase, electrodes 8 pairs per month and batteries 6 units per month was modified by utilization review to one month rental of generic 2 lead TENS including supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD combo TENS w/Han programs (4 lead and supplies) purchase: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral hands and left elbow. The current request is for GSMHD combo TENS x/Han programs (4 lead and supplies) purchase. The requesting treating physician report was not found in the documents provided for review. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The medical reports provided note the patient has used a TENS unit previously. In this case, the treating physician does not discuss if a 30-day home trial of a TENS unit provided any functional benefit as required by the MTUS guidelines. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, the purchase of a TENS unit without documentation of how often the unit was used, as well as outcomes in terms of pain and function is not supported. The current request does not satisfy the MTUS guidelines as outlined on page 114. The current request is not medically necessary.

Electrodes 8 pairs per month: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral hands and left elbow. The current request is for Electrodes 8 pairs per month. The requesting treating physician report was not found in the documents provided for review. In this case, the request for a TENS unit is not medically necessary; therefore the current request for Electrodes 8 pairs per month is not medically necessary.

Batteries 6 units per month: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral hands and left elbow. The current request is for Batteries 6 units per month. The requesting treating physician report was not found in the documents provided for review. In this case, the request for a TENS unit is not medically necessary; therefore the current request for Batteries 6 units per month is not medically necessary.