

Case Number:	CM15-0203433		
Date Assigned:	10/20/2015	Date of Injury:	02/01/2012
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
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

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 51 year old male, who sustained an industrial injury on 02-01-2012. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for status post right wrist surgery. Treatment and diagnostics to date has included right wrist surgery (03-18-2015), right wrist surgery, and ultrasound and massage treatment. Subjective data (06-02-2015 and 07-07-2015), included right wrist pain and numbness. Objective findings (07-07-2015) included decreased and painful right wrist range of motion with tenderness to palpation. The treating physician noted that NCV-EMG (nerve conduction velocity studies-electromyography) dated 05-11-2015 revealed abnormalities consistent with carpal tunnel syndrome and cubital tunnel syndrome. The Utilization Review with a decision dates of 09-15-2015 non-certified the request for prime dual neurostimulator unit (TENS-EMS) for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime dual neurostimulator unit (TENS/ EMS): Right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS/EMS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documentation on how or what TENS/EMS unit is requested, whether this is for rental or purchase, previous trial of benefit if any, nor are there any documented short-term or long-term goals of treatment with the TENS/EMS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The Prime dual neurostimulator unit (TENS/EMS): Right wrist is not medically necessary and appropriate.