

Case Number:	CM15-0205649		
Date Assigned:	10/22/2015	Date of Injury:	12/20/2013
Decision Date:	12/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 51 year old female, who sustained an industrial injury on December 20, 2013. The injured worker was undergoing treatment for injury to radial nerve, late effect of injury, pain in the upper and lower extremity. According to progress note of September 9, 2015, the injured worker's chief complaint was constant numbness, tingling, and limited range of motion of the left thumb and index finger. The injured worker rated the pain 7 out of 10. The injure worker was using a paraffin bath, which helped a lot for pain control. The physical findings noted pain and hypersensitivity with palpation. The injured worker previously received the following treatments preoperative and postsurgical physical and occupational therapy, surgical consultation for left hand excision of a neuroma, left glove, Gabapentin, Omeprazole, LidoPro cream and TENS (transcutaneous electrical nerve stimulator) unit which was helpful and the injured worker used regularly. The RFA (request for authorization) dated August 24, 2015; the following treatments were requested TENS (transcutaneous electrical nerve stimulator) unit patches Quantity (in pairs) 4. The UR (utilization review board) denied certification on September 24, 2015; for TENS (transcutaneous electrical nerve stimulator) unit patches Quantity (in pairs) 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches (in pairs) quantity 4: Overturned

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: The injured worker has chronic neuropathic pain that has been treated effectively by TENS unit. The requested refill of TENS patches is necessary in order to continue treatment with the previously approved TENS unit. Since the treatment has been effective in terms of decreasing pain and maintaining functional capacity, refill of the TENS patches is medically necessary at this time.