

Case Number:	CM15-0022999		
Date Assigned:	02/12/2015	Date of Injury:	11/13/2010
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 40-year-old male who reported an injury on 11/13/2010 due to an unspecified mechanism of injury. On 01/20/2015, he presented for a follow-up evaluation complaining of numbness and tingling in the left small finger and half of the ring finger that caused cramps and stiffness and associated with fatigue. He also reported burning paresthesias. A physical examination showed laceration over the junction between the middle and distal third of the volar left forearm, and a positive Tinel's over the laceration, 3 finger breadths distal and at the ulnar wrist. There was full range of motion of the elbow with supination and pronation of the forearm, and mildly restricted 5 to 10 degrees with left wrist extension. There was a mild benediction sign, and mild left FDI atrophy. Hypoesthesias were noted in the left small and medial half of the ring finger. Grip strength showed a "dynamometer and second position" of the right with 110 kg of force and an 85 kg force on the left. The left shoulder showed full range of motion and tenderness to palpation of the right upper trapezius and medial border of the scapula. He was diagnosed with lesion of the ulnar nerve and cervicalgia. The treatment plan was for a TENS unit 30 day trial. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: TENS Unit for 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): (s) 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The California MTUS Guidelines recommend the use of TENS unit trials when there is evidence that the injured worker has tried and failed other recommended conservative therapy options and only is an adjunct treatment to other treatment modalities with a functional restoration approach. The documentation provided does not show that the injured worker is actively participating in an adjunct form of conservative care with a functional restoration approach. Also, there is a lack of documentation showing that he has tried and failed all other recommended conservative therapy options. Also, the body part that the TENS unit was to be used for was not stated with the request. Therefore, the request is not supported. As such, the request is not medically necessary.