

Case Number:	CM15-0029058		
Date Assigned:	02/23/2015	Date of Injury:	07/14/2010
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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 53 year old female, who sustained a work/ industrial injury on 7/14/10 as a shift leader while pulling a tray and felt left wrist pain. She has reported symptoms of worsening symptoms to bilateral elbows and wrists causing depression and insomnia. Prior medical history was negative. The diagnoses have included bilateral wrists, deQueverian, bilateral lateral and medial epicondylitis, bilateral CTS (carpal tunnel syndrome) and muscle spasm. Treatments to date included medication, H-Wave device, acupuncture, and home exercise program. Medications included Flexeril, Prilosec, Naprosyn, Medipatch, Ketoprofen, and Cymbalta. The treating physician's exam noted muscle spasm, positive Finkelstein's, Tinel's, and Phalen's tests, tender epicondyles, grip weakness, and spasm. A Transcutaneous Electrical Nerve Stimulation (TENS) unit was recommended for treatment. On 2/5/15, Utilization Review modified a Tens Unit Analog 350T Purchase to a 30 day home trial of a generic 2 lead TENS unit; TENS Unit supplies with one year bundles purchase to TENS unit supplies for 30 day trial only, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain Medical Treatment Guidelines; Official Disability Guidelines (ODG); and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit Analog 350T Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

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 Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Tens Unit Analog 350T Purchase is not medically necessary and appropriate.

TENS Unit supplies with one year bundles purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

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 Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for several months, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS Unit supplies with one year bundles purchase is not medically necessary and appropriate.

