

Case Number:	CM15-0220579		
Date Assigned:	11/13/2015	Date of Injury:	02/06/2010
Decision Date:	12/22/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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:

This injured worker is a 35 year old female, who sustained an industrial injury on 02-06-2010. The injured worker was diagnosed as having carpal tunnel syndrome and lesion of ulnar nerve. On medical records dated 07-28-2015, the subjective complaints were noted as left elbow pain and burning sensation. Objective findings were noted as minimal ecchymosis with mild swelling at the surgical site, hypersensitivity. Mild interosseous function and diminished sensation left and little and right fingers. Treatment to date included h-wave, medication and therapy. Current medications were listed as "none" however; document states that injured worker was taking Norco and Morphine from pain management doctor. The Utilization Review (UR) was dated 10-29-2015. A Request for Authorization was dated 10-27-2015. The UR submitted for this medical review indicated that the request for Alpha Stim-M wrist and hands was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alpha Stim-M wrist and hands: 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: According to MTUS guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for chronic intractable pain" Criteria for use include: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. Considering there has not been a one month trial to determine the efficacy of this treatment, the purchase of a unit is not medically necessary at this time, however a one month trial of the alpha stim wrist unit would be clinically appropriate for this patient.