

Case Number:	CM15-0034069		
Date Assigned:	03/02/2015	Date of Injury:	05/29/2013
Decision Date:	04/17/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female, who sustained an industrial injury on May 29, 2013. She reported pain, tingling and numbness of the bilateral upper extremities. The injured worker was diagnosed as having right and left carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, carpal tunnel release of the left wrist, physical therapy, medications, ergonomic and behavioral modifications and work restrictions. Currently, the injured worker complains of left and right wrist and hand pain with associated numbness. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without resolution of the pain. Evaluation on November 4, 2014, revealed continued pain status post left carpal tunnel release although she reported a cessation of the reported numbness. Evaluation on December 24, 2014, revealed continued pain with occasional tingling but no numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p. 114 Page(s): 114, 121.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic bilateral wrist and hand pain with numbness and tingling. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Criteria for the continued use with consideration of purchase of a TENS unit include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Therefore, requesting a three month rental trial is not medically necessary.

24 electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p. 114 Page(s): 114, 121.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic bilateral wrist and hand pain with numbness and tingling. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Criteria for the continued use with consideration of purchase of a TENS unit include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Therefore, requesting supplies for a three-month rental trial is not medically necessary.

12 batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p. 114 Page(s): 114, 121.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic bilateral wrist and hand pain with numbness and tingling. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Criteria for the continued use with consideration of purchase of a TENS unit include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Therefore, requesting supplies for a three-month rental trial is not medically necessary.