

Case Number:	CM15-0047494		
Date Assigned:	03/19/2015	Date of Injury:	02/22/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 43 year old female, who sustained an industrial injury on February 22, 2011. She reported pain in the neck and upper extremity. The injured worker was diagnosed as having neck pain, wrist tendonitis, limb pain, muscle pain and numbness. Treatment to date has included diagnostic studies, an H-wave device, a home exercise program, a TENS unit, medications and work restrictions. Currently, the injured worker complains of neck pain and upper extremity pain worse on the right than the left. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 28, 2014, revealed continued pain. She reported the TENS unit was not working and reported continuing a home exercise program, using an H-wave device and pain medication use. Evaluation on July 21, 2014, revealed continued pain. She reported benefit with the H-wave device and medications. Evaluation on February 5, 2015, revealed continued pain. She reported benefit with the H-wave device, medications and a home exercise plan. The plan was to continue the noted treatment and to replace the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT MI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for durable medical equipment MI, purchase of replacement TENS unit for wrists. The treating physician states the patient's pain is worse since her last appointment. The patient rates the pain as 8-10/10 without medications and 4-6/10 with medications. The MTUS guidelines state, "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." "A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." In this case, the treating physician has only stated that the patient did use her TENS unit but it is no longer working. There is no supporting evidence that the patient benefited in terms of pain relief and function. There is no treatment plan provided in the documentation regarding goals of treatment with the TENS unit. Without more information from the treating physician regarding benefits to patient and goals of treatment with the TENS unit the current request is not medically necessary and the recommendation is for denial.