

Case Number:	CM15-0049833		
Date Assigned:	03/23/2015	Date of Injury:	10/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

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

The injured worker is a 58 year old female, who sustained an industrial injury on 10/01/2014. Initial complaints and diagnoses were not mentioned. Treatment to date has included conservative care, medications, physical therapy, MRI of the cervical spine, and x-rays of the cervical spine and both hands. Currently, the injured worker complains of no improvement despite physical therapy, depression and continued difficulty sleeping and concentrating. Current diagnoses include bilateral hand joint pain, neck pain, repetitive strain injury, bilateral wrist joint pain, bilateral forearm pain, bilateral elbow joint pain, and bilateral shoulder joint pain. The treatment plan consisted of discontinuation of physical therapy, request pain management consultation, functional restoration program, TENS (Transcutaneous Electrical Nerve Stimulation) trial, electrodiagnostic testing, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Trial, 1 month rental, bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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

Decision rationale: TENS Unit Trial, 1 month rental, bilateral wrists is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear that the patient meets one of the conditions recommended for TENS use. Furthermore, the MTUS states that a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation does not indicate evidence of this treatment plan. The request for a TENS Unit Trial, 1 month rental, bilateral wrists is not medically necessary.