

Case Number:	CM15-0233689		
Date Assigned:	12/09/2015	Date of Injury:	03/16/2001
Decision Date:	01/20/2016	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/30/2015

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 was a 42 year old female, who sustained an industrial injury on March 16, 2001. The injured worker was undergoing treatment for left carpal tunnel release, CRPS (complex regional pain syndrome) and peripheral neuropathy. According to progress note of September 2, 2015, the injured worker's chief complaint was pain and tenderness in the upper extremities. The symptoms were intermittent. The injured worker reported numbness and tingling in the bilateral upper extremities. The injured worker has used a TENS unit in the past with good pain relief, however the unit was 17 years old and broken and will no longer turn on. The objective findings were negative wrist and elbows were negative. The Cozen's test was positive bilaterally. The injured worker previously received the following treatments of stellate block injections with benefit in the past, Clonazepam, citalopram, Trazodone and TENS (transcutaneous electrical nerve stimulator) unit with good pain relief. The UR (utilization review board) denied certification on October 27, 2015 for a neuro-stimulator TENS (transcutaneous electrical nerve stimulator) unit replacement purchase for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement purchase of TENS unit for home use for right upper extremity/elbow and hand: 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: The current request is for a Replacement purchase of TENS unit for home use for right upper extremity/elbow and hand. Treatment history includes stellate block injections, Clonazepam, citalopram, Trazodone, physical therapy and TENS (transcutaneous electrical nerve stimulator). The patient is permanent and stationary and it is unclear if she has returned to work. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states, "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...Chronic intractable pain (for the conditions noted above): 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; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." Per report 09/02/15, the patient's chief complaint was pain and tenderness in the upper extremities. The patient also reported numbness and tingling in the bilateral upper extremities. The objective findings revealed Cozen's test was positive bilaterally. The treater states that the patient has used a TENS unit in the past with "significant pain relief", however the unit is 17 years old and is no longer turning on. The request is for a replacement purchase of a TENS unit for home use. The treater has documented that the patient gets "significant" relief with the use of the TENS unit, but there is no discussion regarding functional changes. MTUS allows for extended use when there are "outcomes in terms of pain relief and function." This patient does not meet the criteria for extended use. Therefore, the requested replacement unit is not medically necessary.