

Case Number:	CM14-0123558		
Date Assigned:	09/16/2014	Date of Injury:	06/13/2013
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Individual is a 32 year old female with a 6-13-13 date of industrial injury. Right carpal tunnel syndrome was diagnosed following her injury, which was treated with a brace and physical therapy. The treatments were ineffective so the individual had right carpal tunnel and cubital tunnel surgery 1-10-14. She completed additional physical therapy post surgery, which she stated was helpful with the discomfort. She felt the surgery did not help. Exam dated 5-5-14 individual complained of constant moderate pain in the right elbow which radiates to the ulnar aspect of her right forearm. Also, constant moderate pain in the right wrist and hand with swelling and occasional numbness with tingling in her hand. Individual also reports mild pain and numbness in her left arm (subjective). Decreased sensation on right forearm noted as well as palpable tenderness on the medial and lateral joint lines, and decreased range of motion noted bilaterally. Tinnel's sign is positive on the right, deep tendon reflexes are normal on the right and left (objective). She is unable to take the prescribed Tramadole and Motrin because it causes gastritis. Individual is an insulin dependent diabetic. There is a request for a one month home trial of of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS - EMS One Month home-based trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulatio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: The treating physician's progress notes do indicate that the individual is experiencing uncontrolled pain which she is unable to effectively treat with medications because of side effects (gastritis). She does have neuropathy from the carpal tunnel syndrome. According to the MTUS guidelines, some evidence does exist to support a trial period with a TENS unit for neuropathic pain. Therefore this request, TENS-EMS x one month trial is medically necessary.