

Case Number:	CM14-0132140		
Date Assigned:	08/22/2014	Date of Injury:	12/04/2013
Decision Date:	10/31/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

Patient is a 54-year-old female who has submitted a claim for cervical sprain / strain, left shoulder sprain / strain, de Quervain's tenosynovitis, and carpal tunnel syndrome associated with an industrial injury date of 12/4/2013. Medical records from 2014 were reviewed. Patient complained of neck pain associated with muscle spasm, and aggravated by movement. There was also numbness and tingling sensation radiating to the left upper extremity. Patient also reported burning left shoulder pain, rated 8-9/10 in severity, described as constant, moderate to severe. Patient experienced left elbow pain and left hand pain, aggravated by pushing, pulling and gripping. She also complained of weakness, numbness, and tingling sensation radiating to the fingers. Physical examination of the cervical spine showed tenderness and restricted motion. Cervical distraction and compression tests were negative. Left shoulder exam showed tenderness, restricted motion, and positive Neer's impingement sign. Left elbow exam showed positive Cozen's test and Tinel's sign. Exam of the left wrist showed tenderness, positive Tinel's, positive Finkelstein's, and positive Phalen's test. Motor strength was 4/5. Reflexes were intact. Sensation was diminished at both median and ulnar nerve distributions. Treatment to date has included acupuncture, use of a TENS unit, physical therapy, and medications. Utilization review from 7/15/14 denied the requests for Batteries 2 month supply, Lead wires 2 month supply, and Electrodes 2 month supply because of no documentation of ongoing review of treatment efficacy and functional improvement with the use of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Batteries 2 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient was recommended to use TENS unit to painful body parts. However, there was no documentation concerning pain relief and functional improvement from its use. The medical necessity for providing supplies cannot be established due to insufficient documentation. Therefore, the request for Batteries 2 month supply is not medically necessary.

Leadwires 2 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient was recommended to use TENS unit to painful body parts. However, there was no documentation concerning pain relief and functional improvement from its use. The medical necessity for providing supplies cannot be established due to insufficient documentation. Therefore, the request for lead wires 2 month supply is not medically necessary.

Electrodes 2 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) (160.13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient was recommended to use TENS unit to painful body parts. However, there was no documentation concerning pain relief and functional improvement from its use. The medical necessity for providing supplies cannot be established due to insufficient documentation. Therefore, the request for electrodes 2 month supply is not medically necessary.