

Case Number:	CM14-0192178		
Date Assigned:	11/25/2014	Date of Injury:	04/22/2013
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 59 year old male with a work injury dated 4/2/13. The diagnoses include bilateral carpal tunnel syndrome, left greater than right; status post left carpal tunnel release, June 10,2013 with worsening EMG; lumbar spine myoligamentous injury; right lateral epicondylitis/enthesopathy; mild left ulnar neuropathy at the elbow; right inguinal hernia; status post repair- May 8, 2012; hearing deficit, right; medication-induced gastritis; reactionary depression and anxiety. Under consideration are requests for IF/Tens Unit Combo (Purchase); Electrodes x 10 Packs (Purchase); Batteries x 10 (Purchase) and Setup and Delivery for Lumbar Spine/Wrist. There is a 10/9/14 handwritten, mostly illegible progress note that states that with medications the patient has VAS score of 4-5/10 and without medications 6/10. The patient finished 12 visits of acupuncture. The patient has severe pain around the thumb and thenar muscles bilaterally. He has low back and bilateral posterior leg pain. The treatment plan includes bilateral carpal tunnel brace and an IF/TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF/Tens Unit Combo (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 114-117, 118-12.

Decision rationale: IF/Tens Unit Combo (Purchase) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. 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 documentation does not indicate that the patient has had this trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the IF/TENS unit combo (purchase).

Electrodes x 10 Packs (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Electrodes x 10 Packs (Purchase) are not medically necessary because the IF/Tens Unit Combo (Purchase) is not medically necessary.

Batteries x 10 (Purchase) and Setup and Delivery for Lumbar Spine/Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Batteries x 10 (Purchase) and Setup and Delivery for Lumbar Spine/Wrist are not medically necessary because the IF/Tens Unit Combo (Purchase) is not medically necessary.