

Case Number:	CM14-0099037		
Date Assigned:	07/28/2014	Date of Injury:	05/17/2013
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 38 year old female with a date of injury of 05/17/13. The mechanism of injury was not described. Most recent clinical documentation submitted for review was dated 02/04/14, the injured worker noted to have neuropathic pain. Other subjective and objective findings were handwritten and illegible. She was diagnosed with right lateral epicondylitis and right forearm tendinitis. Current medication was not documented in the submitted clinical records. Surgery was not documented in the current submitted clinical records; diagnostic imaging and other therapies were not documented in the submitted clinical records. Prior utilization review on 06/03/14 was non-certified. Current request was for one month home based trial of neurostimulator TENS/EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; Transcutaneous Electrotherapy, TE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-116.

Decision rationale: Due to the lack of clinical information submitted for review the request for One month home based trial of Neurostimulator TENS-EMS is not medically necessary.