

Case Number:	CM15-0100826		
Date Assigned:	06/03/2015	Date of Injury:	01/22/2015
Decision Date:	07/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on 1/22/2015. Diagnoses include carpal tunnel syndrome. Treatment to date has included medications, diagnostics and modified work. Per the handwritten Primary Treating Physician's Progress Report dated 4/22/2015, the injured worker reported intermittent neck pain rated as 5-6/10, headaches, not being able to sleep because of the pain, frequent upper extremity pain rated as 5/10, and constant bilateral wrist/hand pain rated as 4-8/10 which radiates to arms and bilateral shoulders with associated numbness and tingling of the bilateral hands. Physical examination revealed swelling of the bilateral hands, bilateral weak grip strength and a positive Grind test. The plan of care included electrodiagnostic testing, medications and therapy. Authorization was requested for 12 visits of hand therapy, TENS unit, EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper and lower extremities, a follow-up visit and Diclofenac ER 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit, Indefinite use, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: According to MTUS guidelines, use of TENS may be considered appropriate for treatment of neuropathic pain however it is "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". The IW does have documented radicular symptoms of neuropathic pain and is enrolled in a hand therapy program for functional restoration; therefore TENS should be attempted as a trial for one month as an adjuvant therapy and not for "indefinite use", therefore the requested service of TENS unit for indefinite use is not clinically medically necessary.