

Case Number:	CM15-0116212		
Date Assigned:	06/24/2015	Date of Injury:	10/13/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Family Practice

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 injure worker is a 27 year old male who sustained an industrial injury on October 13, 2014. He has reported injury to the left hand and has been diagnosed with left ulnar neuritis, ulnar nerve cubital tunnel, left lateral epicondylitis, left wrist chronic pain, left 4 finger tendinitis A-1 pulley area without triggering, left 4 finger intrinsic tightness, and left 4 finger hypoesthesia. Treatment has included surgery, medical imaging, medications, and occupational therapy. There was poor movement of the left four fingers with intrinsic tightness, irregular sensation to light touch, and diffuse nonspecific pain to the left wrist. The treatment request included a TENS unit one month trial as opioids are not being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, one)1) month trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS)/Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . The injured worker is noted to have neuropathic pain and the request for a trial of this unit for pain relief in place of opioids is supported. The request for TENS unit, one (1) month trial is medically necessary and appropriate.