

Case Number:	CM15-0119499		
Date Assigned:	06/30/2015	Date of Injury:	06/24/2013
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31-year-old female sustained an industrial injury on 6/24/13. She subsequently reported bilateral upper extremity pain. Diagnoses include cubital tunnel syndrome, epicondylitis, myositis, tendonitis and carpal tunnel syndrome. Treatments to date include nerve conduction study, physical therapy and prescription pain medications. The injured worker continues to experience bilateral upper extremity pain. Upon examination, there is tenderness to palpation to the lateral aspect of the epicondyle bilaterally and the lateral, medial and superior aspects of the bilateral wrists. Decreased grip strength in the left hand was noted. Phalen's and Tinel's were positive. A request for TENS unit for bilateral hands was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS). Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on the 06/02/15 progress report provided by treating physician, the patient presents with pain to the bilateral hands with numbness and tingling. The request is for Tens Unit for bilateral hands. RFA with the request not provided. Patient's diagnosis on 06/02/15 included bilateral median nerve neuropathy, bilateral lateral epicondylitis, repetitive strain injury and myofascial pain syndrome. Physical examination to the bilateral wrists revealed local tenderness, near full range of motion, and positive Tinel and Phalen's tests. EMG study of the upper extremities dated 06/02/15 showed "electrophysiologic evidence for bilateral median neuropathy at wrists consistent with bilateral carpal tunnel syndrome." Treatments to date have included electrodiagnostic studies and medications. Patient's medications include Norco, Naproxen, Cyclobenzaprine, Omeprazole, Docusate and LidoPro cream. The patient is not working, has reached maximum medical benefit and remains permanent and stationary, per 06/02/15 report. Treatment reports provided from 11/21/14 - 06/02/15. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed". Also, the recommended trial period is for only 30 days. Per 04/10/15 report, treater states the patient is not a surgical candidate and recommends hand therapy and "TENS unit for pain control." Given the patient's diagnosis, a 30 day TENS unit trial would appear to be indicated. However, treater has not specified whether this request is for rental or purchase. Furthermore, there is no documentation of an intent to perform a 30-day trial or any indication that a TENS unit worked in the past. MTUS requires documentation of 30-day trial with documentation of "how often the unit was used, as well as outcomes in terms of pain relief and function." Given lack of documentation, the request as written cannot be substantiated. Therefore, the request is not medically necessary.