

Case Number:	CM15-0121016		
Date Assigned:	07/24/2015	Date of Injury:	03/20/2001
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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, North Carolina
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 injured worker is a 52 year old male, who sustained an industrial injury on March 20, 2001. He reported injury to his bilateral hands, wrists and upper extremities. The injured worker was currently diagnosed as having status post bilateral elbow ulnar nerve transposition surgeries and status post right carpal tunnel release surgery. Treatment to date has included wrist support, medications, diagnostic studies, cortisone injection and surgery. The cortisone injection was noted to provide temporary relief. On May 21, 2015, the injured worker complained of moderate to severe pain in his bilateral hands rated as a 6-8 on a 1-10 pain scale, severe pain in his bilateral wrists rated as an 8/10 and severe pain in his bilateral elbows rated as an 8/10. The treatment plan included laboratory evaluation, medications, replacement of transcutaneous electrical nerve stimulation unit with supplies and a follow-up visit. On June 3, 2015 Utilization Review non-certified the request for transcutaneous electrical nerve stimulation unit with supplies, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-117.

Decision rationale: CA MTUS requires specific short and long-term treatment program goals with the use of a TENS unit. In this case, there is no documentation of failure of other pain treatment modalities or goals of TENS treatment. Therefore the request is deemed not medically necessary or appropriate.