

Case Number:	CM15-0125184		
Date Assigned:	07/09/2015	Date of Injury:	12/13/2011
Decision Date:	08/06/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 53 year old female, who sustained an industrial injury on 12/13/11. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included physical therapy, injection, medication, x-ray, MRI, physical therapy, surgery, ice therapy, nerve conduction study and home exercise program. Currently, the injured worker complains of neck and shoulder pain and an abnormal feeling in her hands. The injured worker is currently diagnosed with left tenosynovitis wrist/hand (DeQuervains), neck sprain/strain, post fusion C5-C7, median nerve injury, post bilaterally CTS releases and sprain of unspecified site of elbow and forearm/elbow not otherwise specified. Her work status is modified duty. An examination dated 4/29/15, reveals decreased range of motion, which is painful, in the cervical spine. The left shoulder reveals some tenderness in the trapezius muscles and shoulder. Her left elbow is also tender to palpation. A note dated 6/16/15 states the injured worker in not engaging regularly in the home exercise program; however she does experience improvement in symptoms when she does. The note also states the injured worker did not receive any benefit from the left wrist injection. On examination of the same date there is swelling and tenderness to palpation along the tendons of her left hand, with minimal improvement in range of motion. Her cervical spine revealed muscle tenderness and a decreased range of motion. A TENS unit (3 month trial) is requested as this form of treatment has been beneficial to the injured worker while engaging in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 3 months trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary. The period of time requested for a trial is longer than the one month stipulated by the MTUS. TENS unit 3 months trial is not medically necessary.