

Case Number:	CM15-0131598		
Date Assigned:	07/17/2015	Date of Injury:	02/13/2013
Decision Date:	12/29/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, 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 injured worker is a 25 year old female, who sustained an industrial injury on 2-13-13. Many of the medical records are difficult to decipher. The injured worker was diagnosed as having left wrist sprain and strain, neck muscle spasms, status post right elbow decompression, status post right elbow partial medial epicondylectomy, right carpal tunnel syndrome, and right shoulder sprain and strain. Treatment to date has included medication such as Naproxen. The injured worker complained of right elbow pain rated as 6 of 10 with numbness and tingling into the forearm, wrist, and hand. Neck pain was also noted. The treating physician requested authorization for a 1 month home based trial of neurostimulator transcutaneous electrical nerve stimulation-electrical muscle stimulation. On 6-24-15 the request was non-certified by utilization review. The patient had received an unspecified number of PT visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neurostimulator transcutaneous electrical nerve stimulation (TENS) - electrical muscle stimulation (EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Criteria for the use of TENS: There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Therefore, the request is not medically necessary.