

Case Number:	CM15-0071071		
Date Assigned:	04/21/2015	Date of Injury:	11/22/2014
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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:

The injured worker is a 38-year-old female who sustained an industrial injury on 11/22/2014. Current diagnoses include right hand contusion, right hand sprain/strain, right upper extremity neuropathy, and mild carpal tunnel syndrome. Previous treatments included medication management, hand support, and wrist support. Previous diagnostic studies included x-rays, MRI, EMG/NCV study, and urine toxicology screening. Report dated 03/16/2015 noted that the injured worker presented with complaints that included pain in the right hand with numbness and tingling. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for functional restoration program, acupuncture, hand specialist, TENS unit as well as hot and cold pack wrap or thermal combo unit, and prescribed gabapentin. Disputed treatments include neurostimulator (TENS-EMS) 30 day trial and supplies (right hand).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator (TENS-EMS) 30 day trial and supplies (right hand): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

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

Decision rationale: The 38-year-old patient complains of pain in bilateral hands, and has been diagnosed with contusion of hand and hand sprain and strain, as per progress report dated 03/23/15. The request is for NEUROSTIMULATOR (TENS-EMS) 30 DAY TRIAL AND SUPPLIES (RIGHT HAND). There is no RFA for this case, and the patient's date of injury is 11/22/14. The patient had an abnormal NCV of the right hand, which revealed mild CTS, as per progress report dated 03/18/15. As per progress report dated 01/30/15, the patient's pain is rated at 8/10. The patient is off work, as per progress report dated 03/18/15. 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. In this case, the patient has received physical therapy and acupuncture in the past and is also using medications with some benefit, as per progress report dated 03/16/15. The treating physician is requesting for TENS trial in the same report. MTUS also supports a one-month trial before subsequent use. Given the failure of other treatment modalities, the request appears reasonable and IS medically necessary.