

Case Number:	CM15-0078663		
Date Assigned:	04/29/2015	Date of Injury:	05/16/2002
Decision Date:	05/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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:

61 year old female injured at work on May 16, 2002. The injured worker previously received the following treatments Norco, Naproxen, Soma, Valium, Neurontin, Tramadol, Effexor, Protonix, LidoPro, right wrist surgery times 2, left knee surgery times 2, right shoulder surgery times 2, left hip surgery, physical therapy, left wrist MRI, right wrist MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities and injection therapy. The injured worker was diagnosed with left total hip replacement, left L5 and left S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, low back pain, chronic left knee pain, chronic left hip pain, left shoulder pain, left neck pain, bilateral carpal tunnel syndrome and chronic pain syndrome. According to progress note of April 14, 2015, the injured workers chief complaint was right wrist pain with grip weakness and inability to grip a pan and write, due to shooting pain along the hand. EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremity noted moderate to severe findings on the right side. The injured worker was post injection therapy to the right thumb for triggering. The physical exam noted tenderness along the A1 pulley of the thumb on the left. There was tenderness along the trapezium and its articulation on the left side with limited motion. The treatment plan included stimulator conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulator, conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): Chp 3, pg 48, Chp 8, page(s) 181, Chp 9, page(s) 203, Chp 11 pg 265, 271, Chp 12 pg 300, Chp 13 pg 339, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality and recommends specific criteria for its use. The provider has documented use of a TENS unit but does not comment on its effectiveness. A conductive garment for TENS units is a special garment that allows for increased surface area for the TENS unit to effect and can help a patient get the TENS treatment to hard to reach spots. The provider gives no indication that a larger surface area is needed for the TENS treatment not that the patient is having any difficulty setting the TENS unit in a "hard to reach" spot. There is no long-term benefit nor documented improvement in function or pain control from using a conductive garment. At this point in this patient's care medical necessity for continued use of a TENS conductive garment has not been established.