

Case Number:	CM15-0079450		
Date Assigned:	04/30/2015	Date of Injury:	03/13/2014
Decision Date:	05/29/2015	UR Denial Date:	04/21/2015
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: Arizona, 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 (IW) is a 27 year old female who sustained an industrial injury on 03/13/2014. She reported pain in the left wrist, elbow, and shoulder that was initially felt as tingling and numbness. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included medication, activity modifications and a cortisone injection to the left wrist only. The cortisone injection was reported to have given her 2-4 months of pain relief. Currently, the injured worker complains of persistent left wrist pain, elbow pain, and shoulder pain that now seems to be increased since the cortisone shot effects wore off. The sensations are also now perceived as more painful than just tingling in the wrists and fingers, are also felt in the elbow, and shoulder on the left side. She is taking medications to be functional. Prescriptions include Nalfon, Protonix, Gabapentin, Naproxen, and Ultracet. A transcutaneous electrical nerve stimulation (TENS) unit is in use and there is a request for authorization for refills of the medications plus authorization of purchase of a conductive garment for the TENS unit for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase four lead TENS unit conductive garment for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, TENS Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRNS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit garment as requested above is not medically necessary.