

Case Number:	CM15-0091511		
Date Assigned:	05/15/2015	Date of Injury:	12/06/2011
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 40-year-old female who sustained an industrial injury on 12/6/11. The mechanism of injury is unclear. Currently (3/6/15), she complains of bilateral hand pain with numbness and tingling, which is worse since she gave birth. On physical exam, she has mildly positive Spurling as well as bilateral Tinel in the median nerve distribution bilaterally. She takes no medication, as she was pregnant. Diagnoses include status post right de Quervain's release surgery (4/29/13) with reduced motion; quiescent right second extensor tendonitis; persisting right intersection syndrome; possible thoracic outlet thorocobrachial nerve compression; bilateral carpal tunnel symptoms related to recent pregnancy; chronic paresthesias to the upper extremities. Treatments to date include right thumb spica brace; acupuncture. Diagnostics include nerve conduction and electromyography (20140 showing normal median nerve conduction; right hand x-rays (2/3/15) unremarkable; x-ray of the cervical spine (2/3/15) show multi-level degenerative joint disease. On 5/4/15 Utilization, review accessed the request for transcutaneous electrical nerve stimulator unit supplies in the form of electrodes 8 pair per month for 12 months # 96 and AAA batteries 6 per month for 12 months # 72.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies: Electrodes 8 pairs per month, for 12 months Qty: 96.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended 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."The treating physician has documented right de Quervain's release surgery (4/29/13) with reduced motion; quiescent right second extensor tendonitis; persisting right intersection syndrome; possible thoracic outlet thorocobrachial nerve compression; bilateral carpal tunnel symptoms related to recent pregnancy; chronic paresthesias to the upper extremities. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS supplies: Electrodes 8 pairs per month, for 12 months Qty: 96.00 is not medically necessary.

TENS supplies: AAA batteries, 6 per month for 12 months Qty: 72.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended 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."The treating physician has documented right de Quervain's release surgery (4/29/13) with reduced motion; quiescent right second extensor tendonitis; persisting right intersection syndrome; possible thoracic outlet thorocobrachial nerve compression; bilateral carpal tunnel symptoms related to recent pregnancy; chronic paresthesias to the upper extremities. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS supplies: AAA batteries, 6 per month for 12 months Qty: 72.00 is not medically necessary.