

Case Number:	CM15-0095257		
Date Assigned:	05/21/2015	Date of Injury:	11/04/2013
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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:

The injured worker is a 45-year-old female, who sustained an industrial injury on 11/04/2013. She has reported injury to the neck and bilateral wrists. The diagnoses have included bilateral carpal tunnel syndrome; cervical spine strain and spondylosis, rule out cervical radiculopathy; status post right carpal tunnel arthroscopic release, on 04/08/2014; and status post left carpal tunnel release, on 08/26/2014. Treatment to date has included medications, diagnostics, splinting, occupational therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen and Lidocaine ointment. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of some improvement since last visit constant neck pain rated at 2-3/10 on the pain scale, with limited range of motion of the neck; weakness to her left wrist/hand, with 2-3/10 tenderness, numbness, and tingling; bilateral forearm aches; and the right hand has a cyst and reports pain. Objective findings included well-healed wound to left wrist, with tenderness to palpation along the median nerve distribution; muscle guarding/spasm present in the left cervical paraspinal musculature; tenderness to palpation in the trapezius musculature bilaterally; and Neer's and Hawkins tests are positive bilaterally. The treatment plan has included the request for TENS (transcutaneous electrical nerve stimulation) Unit rental and supplies for three months for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental and Supplies for 3 Months for the Bilateral Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. The request is for a 3-month trial, longer than the MTUS deems necessary to demonstrate functional improvement. TENS Unit Rental and Supplies for 3 Months for the Bilateral Wrists is not medically necessary.