

Case Number:	CM14-0031011		
Date Assigned:	06/20/2014	Date of Injury:	07/03/2013
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female with a reported injury on 07/03/2013. The injured worker had an exam on 03/24/2013 with complaints of bilateral knee pain on scale of 4-5/10 and bilateral wrist pain on scale of 4-5/10. The diagnoses were bilateral carpal tunnel syndrome and left knee (illegible) tear. The plan of treatment was chiropractor once a week for six weeks, Capsaicin, Cyclobenzaprine and orthopedic for left knee. There was a functional capacity test done on 05/05/2014. The injured worker complained of average functional pain at a 4/10 level. The injured worker was unable to achieve 100% of the physical demands of her job/occupation due to increased pain, general fatigue, limited range of motion, mechanical changes, safety concern and maximum effort. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neurostimulator (TENS-EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy and neuromuscular electrical stimulation (NMES devices), page 121.

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

Decision rationale: The request for one-month home-based trial of neurostimulator (TENS-EMS) is non-certified. The injured worker has complaints to her wrists and knees. She has a diagnoses of bilateral carpal tunnel syndrome. Her other diagnoses are unclear. The California MTUS Guidelines recommend documentation of pain for at least three months duration and that there is evidence that other pain modalities have been tried and failed. There is no pain assessment and evaluation provided. There also is a lack of documentation as to other modalities for pain relief. The guidelines do not recommend the TENS unit as a primary modality but should be considered as an adjunct to a program of evidence-based functional restoration. The documentation is unclear as to the reason for the use of the unit, furthermore the request does not specify directions of use and to which body part it is to be used. Therefore the request for the neurostimulator (TENS-EMS) unit is not medically necessary.