

Case Number:	CM13-0001744		
Date Assigned:	05/02/2014	Date of Injury:	05/14/2010
Decision Date:	06/10/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/17/2013

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 Emergency Medicine and is licensed to practice in 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 patient is a 42-year-old female who was injured on May 14, 2010. The patient continued to experience pain in her left thumb with pain in her left shoulder. It was noted that subjective complaints of pain were disproportionately higher than objective findings. The patient underwent left thumb surgery on October 4, 2012. Physical examination was notable for tenderness and localized swelling of the left wrist and hand. Diagnoses included status post left thumb joint replacement, repetitive strain injury, myofascial pain syndrome, and bilateral wrist tendonitis. Treatment included medications, exercises and TENS unit. Request for authorization for TENS unit left thumb/hand/wrist was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT LEFT THUMB/HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Guidelines Page(s): 114-115.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case, the patient was not participating in a functional restoration program. In addition the patient had not obtained analgesia with the use of the TENS unit. Therefore, the request for a purchase of a TENS unit for the left thumb, hand, and wrist is not medically necessary and appropriate.