

Case Number:	CM13-0016843		
Date Assigned:	12/04/2013	Date of Injury:	01/29/2010
Decision Date:	09/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/26/2013

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 Pain Management, and is licensed to practice in California. 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 40-year-old female who sustained an injury on January 29, 2010. She is diagnosed with the following conditions: a right carpal tunnel syndrome status post endoscopic release, right de Quervain's tenosynovitis, right wrist and forearm myofascitis, right medial and lateral epicondylitis, right shoulder rotator cuff tendinitis, confirmed by magnetic resonance imaging (MRI) scan, right shoulder acromioclavicular arthritis, right shoulder bursitis, left shoulder rotator cuff tendinitis, confirmed by magnetic resonance imaging (MRI) scan, left shoulder bursitis, left shoulder acromioclavicular joint arthritis, left wrist and forearm myofascitis, left medial and lateral epicondylitis, and chronic pain and depression. She was seen on January 25, 2013 for a medical evaluation. She reported right wrist pain, which was described as an almost continuous soreness with occasional throbbing. She also reported difficulty with grasping, gripping, squeezing, pinching, lifting, carrying, pushing, and pulling due to right wrist symptomatology. An examination of the right wrist revealed a well-healed transverse arthroscopic carpal tunnel incision of approximately 3 centimeters in length. There was slight tenderness noted over the dorsum of the right wrist and palmar area of the right wrist in the area of the carpal tunnel. Moderate tenderness was also present over the first and second compartments of the right wrist. Finkelstein's test caused moderate pain over the two compartments. An evaluation was done on April 24, 2013 and May 6, 2013. Examination of the right wrist revealed tenderness over the dorsum. Tinel's sign, Phalen's sign, and compression sign were weakly positive. She was recommended to continue the use of a transcutaneous electrical stimulation (TENS) unit as well as ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT OF TENS UNIT WITH SUPPLIES FOR THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, TENS (transcutaneous electrical; neurostimulation).

Decision rationale: The use of a transcutaneous electrical neurostimulation (TENS) unit for the wrist is not recommended by the Official Disability Guidelines. Nevertheless, the California MTUS mentioned that one of the criteria for the use of a transcutaneous electrical neurostimulation (TENS) unit is documentation of one-month trial period of a transcutaneous electrical neurostimulation (TENS) unit with indication of how often the unit was use and outcomes in terms of pain relief and function. This was not found in the medical records received for review. Documentation of subjective and objective progress secondary to one-month trial use of a transcutaneous electrical neurostimulation (TENS) unit is necessary to determine whether continued use of this modality is medically necessary. As such, the request is not medically necessary.