

Case Number:	CM13-0018559		
Date Assigned:	03/12/2014	Date of Injury:	03/26/2013
Decision Date:	05/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for crush injury to the hand and wrist reportedly associated with an industrial injury on March 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a wrist support; unspecified amounts of chiropractic manipulative therapy; MRI imaging of the injured wrist of June 14, 2013, notable for central triangular fibrocartilage complex (TFCC) tear; and unspecified amounts of physical therapy. In a Utilization Review Report of August 20, 2013, the claims administrator denied a request for a TENS unit and physical therapy. The guidelines supporting the denial were not provided. The applicant's attorney subsequently appealed. A January 13, 2014 progress note was notable for comments that the applicant had persistent wrist pain issues. The applicant was apparently contemplating a left wrist arthroscopy and TFCC repair surgery. On January 20, 2014, the applicant was given refills of several oral pharmaceuticals and topical compounds while a hand surgery consultation was pending. Eighteen sessions of physical therapy were endorsed. On June 17, 2013, the attending provider sought authorization for dual electrical stimulator for purchase to manage and reduce pain. No narrative commentary was attached. The request was made using preprinted checkboxes. The dual electrical stimulator was a combination of a TENS-EMS device, the device vendor noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS TOPIC, Page(s): 116.

Decision rationale: As noted on pages 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for purchase of the TENS unit include evidence of previously successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, the TENS unit purchase was sought without completion of a prior one-month home-based trial of the device. This is not indicated, per page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.