

Case Number:	CM13-0021080		
Date Assigned:	10/11/2013	Date of Injury:	10/07/2011
Decision Date:	06/03/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, 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 records presented for review indicate that the request for a TENS (transcutaneous electrical nerve stimulation) unit was not certified. The nurse's note indicated the date of injury as October, 2011 and there is constant right wrist pain. The clinical assessment is a brachial neuritis. A one-month trial was suggested. The physical examination associated with the August 2013 assessment noted a 5'3", 187 pound individual with a reduced grip strength on the right. A slight decrease in wrist range of motion is noted. Electrodiagnostic testing was reported to be normal. There were no medical records presented subsequent to the trial of this device.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHRONIC PAIN, 114-115.

Decision rationale: The exact pathology in this case has not been objectified. Electrodiagnostic studies indicate that there is no carpal tunnel syndrome. A trial of such a device was outlined however there is no notification presented, clinical assessment of the efficacy or utility of such devices to support a purchase. Therefore, the request for a TENS unit is not medically necessary or appropriate.