

Case Number:	CM13-0022626		
Date Assigned:	11/13/2013	Date of Injury:	12/15/2010
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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 57 year old female who reported an injury on 12/15/2010. The mechanism of injury was due to repetitive work. The patient diagnoses included status post left carpal tunnel release on 05/04/2012. The physician progress report dated 08/22/2013 reported the patient complained of intermittent dull, achy left wrist pain that was accompanied by stiffness, tingling, and weakness. Examination of the wrist revealed painful yet normal range of motion. There were positive Phalen's and Finkelstein's to left wrist, and some decreased strength in grip. MRI of left wrist revealed osteoarthritis of the 1st metacarpal joint and subchondral cyst and effusion. There is no mention of any medications given for pain provided in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Transcutaneous Electrical Nerve Stimulation Unit, purchase, between 8/27/2013 and 10/11/2013: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states TENS 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, for the conditions such as, neuropathic pain, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Per California MTUS guidelines, a 1 month home-based TENS unit trial could be considered, if used to treat one of the previously mentioned diagnoses, and along with an evidence based functional restoration program. There is no documentation of the patient participating in any restoration programs provided in the medical record. Also, there is no clinical documentation of the patient having exercised the use of the 1 month TENS home based trial. As such, the request for Transcutaneous Electrical Nerve Stimulation Unit, purchase, between 8/27/2013 and 10/11/2013 is non-certified.