

Case Number:	CM13-0037835		
Date Assigned:	12/18/2013	Date of Injury:	08/20/2013
Decision Date:	02/19/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and 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 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 53-year-old female who reported a work related injury to the right wrist as a result of a contusion on 08/20/2013. Subsequently, the patient presents for treatment of the following diagnosis, right wrist scapholunate injury. Clinical note dated 11/05/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued pain to the right wrist. The provider documents upon physical exam of the patient positive radial pain, swelling, and tenderness upon palpation of the right wrist was noted. The patient had 20 degrees of palmar flexion. The patient presented with a positive Phalen's. The provider recommended use of a TENS units, occupational therapy and electrodiagnostic studies of the right upper extremity. Electrodiagnostic studies dated 12/02/2013 performed under the care of [REDACTED], revealed no abnormalities. Upon exam of the patient, [REDACTED] documented the patient had full range of motion, no atrophy noted, and motor strength was grossly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Day Rental TENS Unit for the Right Wrist: 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 Page(s): 116.

Decision rationale: The current request is not supported. California MTUS indicates a 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was utilized as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during the trial. Given that the clinical notes fail to evidence the patient presents with any significant objective findings of symptomatology, a lack of documentation of exhaustion of lower levels of conservative treatment to include medication regimen, the request for 60 day rental TENS unit for the right wrist is not medically necessary nor appropriate.