

Case Number:	CM13-0068487		
Date Assigned:	01/03/2014	Date of Injury:	09/30/2013
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 49-year-old male who reported an injury on 09/30/2013. The patient reportedly noticed a stinger in his right hand 5th digit, and upon removing, noticed gradual swelling. The patient is currently diagnosed with right hand insect bite, pain in a joint of the hand, right hand sprain and strain, right carpal tunnel syndrome, right wrist pain, and right wrist sprain and strain. The patient was seen by [REDACTED] on 11/21/2013. The patient reported moderate burning pain to the right wrist, stiffness, tingling, and weakness. Physical examination revealed mild swelling, decreased range of motion, and 3+ tenderness to palpation with positive Phalen's testing. The treatment recommendations at that time included continuation of current medication, an NCV/EMG study, and a home TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS/TENS UNIT FOR RIGHT HAND/WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. As per the documentation submitted, there is no indication that other appropriate pain modalities have been tried and failed. Guidelines recommend a 1 month trial period prior to a purchase. There is also no evidence of a treatment plan including the specific short and long term goals of treatment with the TENS unit. Based on the clinical information received, the patient does not appear to meet criteria for the requested service. As such, the request is non-certified.