

Case Number:	CM13-0071768		
Date Assigned:	01/08/2014	Date of Injury:	12/24/2011
Decision Date:	04/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 chronic wrist, ankle, and knee pain associated with an industrial injury sustained on December 24, 2011. Thus far, the applicant has been treated with analgesic medications, MRI of the injured wrist, notable for scapholunate ligament tear, and unspecified amounts of physical therapy over the life of the claim. A November 8, 2013 progress note is notable for comments that the applicant is a bus driver. She reports persistent hand pain. She exhibits tenderness about the wrist, knee, and ankle with associated diminution in hand grip strength. The claimant is given a 2% whole-person impairment rating and is asked to perform home exercise. The attending provider also requests authorization for a TENS unit for home use. No rationale for the same is provided.

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.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should only be purchased after evidence of a successful one-month trial, with favorable outcomes in terms of both pain relief and function. In this case, however, there is no evidence that the applicant had a prior successful one-month trial of TENS before an attempt to purchase the device. There was, furthermore, no evidence that other appropriate pain modalities, including pain medications, had been trialed and/or failed before the TENS unit was considered. Therefore, the request is not certified.