

Case Number:	CM14-0001467		
Date Assigned:	01/22/2014	Date of Injury:	06/25/2013
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 patient is a 50-year-old who has submitted a claim for Right Wrist Sprain/Strain, Right Hand Contusion, and Right Wrist Carpal Tunnel Syndrome, associated with an industrial injury date of June 25, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of right wrist and hand pain, made worse with reaching, grasping, and gripping as well as repetitive movements. She used a wrist brace for her symptoms. On physical examination, there was tenderness over the dorsal radial wrist with positive Tinel's sign. Muscle strength of the elbows, wrists, and hands were normal. Deep tendon reflexes were symmetric. There was decreased sensation in the right upper extremity. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, and wrist brace. Utilization review from December 20, 2013 modified the request for transcutaneous electrical nerve stimulation (TENS) unit- purchase to TENS Unit - 30-day trial rental customary 2-lead because guidelines state that a one-month trial may be considered as a non-invasive conservative option.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT-PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 114-116

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the medical records failed to provide evidence of failure of other treatment modalities. There was also no discussion regarding the specific goals of therapy with the TENS unit. Moreover, guidelines recommend a one-month trial rather than purchase. The request for a TENS unit purchase is not medically necessary or appropriate.