

Case Number:	CM14-0001909		
Date Assigned:	02/19/2014	Date of Injury:	04/12/2013
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopaedic Surgery 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 medical record that has been provided for review notes a 28-year-old female with an on-the-job injury on April 12, 2013. The diagnosis referenced is tenosynovitis of hand and wrist, and wrist pain. The record indicates that the claimant has been working with restrictions and attending physical therapy with noted functional improvement. A specific notation is made that the claimant has had a positive response with the TENS unit used in physical therapy. The physical therapist has recommended a three month trial with the TENS unit. There is no indication in the medical record of a significant change in the claimant's medication regimen. Tens Unit 3 Month Trial has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT 3 MONTH TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

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

Decision rationale: Treatment guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-

based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. When used for chronic intractable pain that has been present for at least three months duration, with the appropriate evidence that other appropriate treatment modalities have been initiated and failed, and when documentation is provided evidencing an ongoing program of functional restoration, the guideline recommendation is for a one month trial and requires a treatment plan including the specific short and long-term goals of the treatment with the TENS unit. The guidelines provide support for additional types of pain that are not applicable, as none of these diagnoses are documented for this claimant. When noting that this request is for a three month trial, which is not supported by the guidelines, this request is recommended for non-certification. Consideration for a one-month trial is suggested with the required documentation of a treatment plan with the short and long-term goals of the treatment with the TENS unit.