

Case Number:	CM14-0002066		
Date Assigned:	04/04/2014	Date of Injury:	01/17/2008
Decision Date:	05/08/2014	UR Denial Date:	12/11/2013
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 Internal & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 44 year-old with a date of injury of 01/08/08. The most recent progress report presented was dated 06/28/13. It identified subjective complaints of pain in the left wrist and hand. Objective findings included a positive Phalen's on the left with decreased grip strength. Diagnoses included carpal tunnel syndrome. Treatment to that point had included injections and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR HOME USE (CERVICAL SPINE, LUMBAR SPINE, RIGHT SHOULDER, BILATERAL ELBOWS, LEFT WRIST): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,271, Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS units are not recommended for joints of the upper extremity. They further state that: "... TENS units have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." The MTUS Chronic Pain Guidelines state that TENS is not indicated as a primary

treatment modality. However, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: Neuropathic pain; CRPS I and II; Phantom limb pain; Spasticity; and Multiple sclerosis. For chronic intractable pain, a one month trial of the TENS should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. This was not documented in the records. Therefore, there is no documented medical necessity for a TENS unit.