

Case Number:	CM14-0014094		
Date Assigned:	02/26/2014	Date of Injury:	06/25/2013
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 female who was injured on 06/25/2013. She sustained a work related injury while performing her usual and customary duties as a general worker. She was pulling a cart and pulled on her cart with great force and impacted her right hand. Prior treatment history has included wrsit brace, physical therapy, chiropractic care, chemotherapy and Botox injections. The patient's medications as of 09/06/2013 include cyclobenzaprine 7.5 mg, tramadol 150 mg, naproxen sodium 550 mg, ondansetron ODT 4 mg, pantoprazole 20 mg and ortho nescic gel. Abnormal NCV/SSEP of the upper extremity in a pattern consistent with mild-to-moderate bilateral median sensorimotor neuropathies at the wrists (carpal tunnel). Physical Medicine and rehab note dated 11/29/2013 states the patient has complaints of right wrsit and hand stemming from injuries. The pain is made worse with reaching, grabbing, and gripping activities as well as repetitive movements. On exam, there was some tenderness to palpation over the dorsal radial wrist and discomfort with Tinel's at the right wrist. The patient had negative Tinel's at the elbows and at the left wrist. Strength of the elbow and wrist flexors and extensors was bilaterally symmetric and within normal limits of normal. Strength of the grip was bilaterally symmetric and within normal limits. Deep tendon reflexes at the biceps and triceps with bilaterally symmetric and within normal limits. There were areas of decreased sensation noted to light touch in the right upper extremity as compared to the left. The patient has been recommended for continued conservative care for symptomatic relief. PR2 dated 12/13/2013 states the patient complains of sharp wrist pain and stiffness with numbness of the right hand and fingers. She rates her pain as 4/10. On exam, there is 3+ tenderness to palpation of the dorsal wrist. Phalen's causes pain. The patient is diagnosed with right carpal tunnel syndrome and right wrist sprain. Prior UR dated 01/16/2014 states the request for a TENS unit, electrodes, batteries and lead

wires for 2 months is non-certified as the request exceeds guideline recommendations but has been modified to approve 1 month to access effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT; ELECTRODES, BATTERIES AND LEAD WIRES, 2 MONTH SUPPLY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, TENS

Decision rationale: This is a request for a TENS unit, apparently to treat carpal tunnel syndrome, for a 50 year old female patient who injured her right hand on 6/25/13. Review of the medical records reveals patient complaints of R hand and wrist pain, numbness, and weakness. Phalen's test causes pain on the right. 11/20/13 NCS/EMG is read as mild to moderate bilateral carpal tunnel syndrome. There are no signs of cervical radiculopathy. According to MTUS guidelines, TENS may be recommended for a one-month trial as an adjunct to a program of functional restoration for patients with chronic, intractable neuropathic pain, CRPS, phantom limb pain, or spasticity. A treatment plan with short and long-term goals should be submitted. According to ODG guidelines, TENS is not recommended for carpal tunnel syndrome as there is limited proven efficacy. TENS is not medically necessary. TENS is not recommended for carpal tunnel syndrome. There is no other documented neuropathic condition. Where indicated, only a one-month trial is indicated. A treatment plan or rationale is not provided.