

Case Number:	CM14-0124551		
Date Assigned:	08/08/2014	Date of Injury:	05/31/2012
Decision Date:	11/26/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 06/31/2012. The date of the initial utilization review under appeal is 07/26/2014. On 07/16/2014, the patient was seen in primary treating physician follow-up regarding bilateral upper extremity repetitive injury as well as left wrist pain with ganglion cyst and bilateral wrist de Quervain tenosynovitis. A TENS unit purchase was recommended by the treating physician at that time given the history that this provides the patient with 50% pain relief for 4 hours each day and allows the patient to perform dressing and food preparation. An initial physician review noted that there was no documented result from an initial 30-day trial and that the TENS unit was not used as part of a functional restoration program. On 07/30/2014, the treating physician saw the patient in follow-up and specifically requested to appeal the denial of a prior TENS unit. The treating physician noted the patient had a positive 30-day trial and that this provided 50% of relief of pain for four hours thereafter.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on TENS states that this is indicated for neuropathic pain as an adjunct to a program of evidence-based functional restoration and that an initial 30-day trial should be obtained before purchasing a TENS unit. An initial physician review states that the results of a 30-day trial are not available. Currently the medical record does clearly include multiple documents from the treating physician outlining specific improvement in terms of both subjective symptoms and functional tasks which were facilitated by the TENS trial. Therefore, the guidelines for a TENS purchase have been met. This request is medically necessary.