

Case Number:	CM14-0130292		
Date Assigned:	08/20/2014	Date of Injury:	10/28/2013
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 31-year-old male with a 10/28/13 date of injury. At the time (6/19/14) of the request for authorization for TENS (Transcutaneous Electrical Nerve Stimulator) Unit with Supplies, and Glove Garment for Right Hand Wrist Quantity: 1, there is documentation of subjective (pain and achiness about the hand as well as sensitivity, he still feels very weak on this side) and objective (sensitivity over the incisions, able to make a fist although again grip strength is decreased on his right side by about 50%, does have improved flexion and extension although he is still limited) findings, current diagnoses (complete tear of the scapholunate ligament with partial thickness tear of the lunotriquetral ligament in the right wrist, status post open repair of the scapholunate ligament with pinning and wrist arthroscopy for debridement of the partial thickness tear of the lunotriquetral ligament on 12/20//13), and treatment to date (physical therapy and TENS). There is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulator) Unit with Supplies, and Glove Garment for Right Hand Wrist Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116. Decision based on Non-MTUS

Citation OFFICIAL DISABILITY GUIDELINES WRIST, & HAND (UPDATED 2/18/2014)<http://www.ncbi.nlm.nih.gov/pubmed/19398378>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of complete tear of the scapholunate ligament with partial thickness tear of the lunotriquetral ligament in the right wrist, status post open repair of the scapholunate ligament with pinning and wrist arthroscopy for debridement of the partial thickness tear of the lunotriquetral ligament on 12/20//13. In addition, there is documentation of treatment with TENS. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for TENS (Transcutaneous Electrical Nerve Stimulator) Unit with Supplies, and Glove Garment for Right Hand Wrist Quantity: 1 is not medically necessary.