

Case Number:	CM14-0152040		
Date Assigned:	09/22/2014	Date of Injury:	07/18/2012
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 claimant was injured on 07/18/12. She has a cumulative trauma injury to her hands and wrists. A TENS unit for home use is under review. She has been diagnosed with wrist/hand tenosynovitis and cervical sprain/strain. She has symptoms of right greater than left wrist constant and throbbing pain with swelling and occasional numbness. The pain radiates to the forearms bilaterally and rarely radiates of the biceps. Her shoulder also gets locked. Her medications include Tylenol 3, omeprazole, and mentherm. On 08/11/14, she had right greater than left wrist pain. There was 3/10 pain in the left wrist with weakness and pain at 5/10 in the neck and right wrist with numbness and sensation in the fingers. She was diagnosed with bilateral wrist tenosynovitis. Medications are recommended along with a TENS unit for home use. PT was also ordered. An MRI of the right wrist was ordered. X-rays were recommended for the cervical spine and both wrists. She had an AME on 08/19/13. She was diagnosed with right carpal tunnel syndrome and right DeQuervain's tenosynovitis. She has tried Naprosyn and splinting. On 08/28/14, a TENS unit trial was done for 15 minutes. She tolerated it well and her pain decreased to 4/10 and her muscles were more relaxed. She was not sure if her range of motion increased. This was a TENS unit trial #1. A TENS unit was requested for home use. She to continue her medications.

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 for the right wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand - TENS

Decision rationale: The history and documentation do not objectively support the request for a TENS unit for home use for the right wrist. The MTUS state transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below [including neuropathic pain]. A home-based treatment trial of one month may be appropriate for neuropathic pain." Then ODG state "TENS is not recommended. Transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy." The claimant has chronic pain but there is no evidence of neuropathic pain involving the right wrist. There is no support in the literature for TENS for chronic soft tissue inflammation such as DeQuervain's tenosynovitis. The claimant's history of trials of local care such as ice/heat and first line pain medications such as acetaminophen or NSAIDs is unclear and there is no evidence that she has completed a successful trial of use of an electrical stimulator/TENS unit with documentation of improvement including objective evidence of functional recovery. Typically, a trial is expected to be completed over a period of time, typically about 30 days, along with an exercise program, not a single 15 minute trial. There is no indication that she has been involved in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of a TENS unit. The medical necessity of this request for a TENS unit for home use for the right wrist has not been clearly demonstrated. Therefore the request is not medically necessary.