

Case Number:	CM14-0152469		
Date Assigned:	09/22/2014	Date of Injury:	06/11/2014
Decision Date:	10/21/2014	UR Denial Date:	08/25/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 50-year-old male who has submitted a claim for right de Quervain's tenosynovitis and left groin pain, rule out inguinal hernia, associated with an industrial injury date of 06/11/14. Medical records from June to July 2014 were reviewed. Patient apparently sustained an injury while he was working when he noted pain and swelling of his right wrist while he was assembling some chairs. He also noted exacerbation of a previously noted left inguinal pain. Patient was brought for consult and an MRI of the left wrist done on 07/07/14 showed second extensor compartment tenosynovitis, scapholunate ligament tear with dorsal tilt of the lunar, and minor synovitis. 07/14/14 progress report notes patient had persistent pain at the right wrist that is constant, moderate to severe, sharp to throbbing pain radiating to the right hand and forearm, graded 4-8/10 in severity, with associated numbness and tingling that is aggravated by bending of the wrist. He also notes weakness of the right wrist. Patient also notes constant, mild to severe, burning pain localized at the left inguinal area aggravated by heavy lifting graded 2-8/10 in severity with numbness and tingling sensation. Patient reports difficulty performing his ADLs due to pain. On physical examination, there is tenderness at the right radial aspect of the wrist structures, positive Finkelstein's test on the right, with limited ROMs of the wrist and fingers bilaterally. Plan was for physical therapy, acupuncture, for urine drug testing, general surgery evaluation and medications. There were no documentation of a request for a TENS unit in the submitted physician's progress reports. Most of the documents submitted contained pages with handwritten and illegible notes that were difficult to decipher. Treatment to date has included physical therapy, acupuncture, work restrictions and medications (Toradol injection and Anaprox). Utilization review date of 8/25/14 denied the request for a TENS unit because there is no evidence that short or long-term goals for utilization of the unit have been clearly defined.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of Neurotransimulator TENS-UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8 Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute

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

Decision rationale: Page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that transcutaneous electrotherapy includes TENS, interferential current stimulation, microcurrent electrical stimulation, neuromuscular electrical stimulation, RS-4i sequential stimulator, electroceutical therapy, and sympathetic therapy. TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient had been experiencing pain for more than three months. Symptoms persisted despite medication, physical therapy, acupuncture and home exercises. TENS therapy is a reasonable treatment option at this time. However, there was no mention of specific short-term or long-term goals of treatment with the TENS unit. The request likewise failed to specify the body part to be treated and if the device is for rental or purchase. Therefore, the request for One month home-based trial of Neurotransimulator TENS-UNIT is not medically necessary.