

Case Number:	CM14-0158611		
Date Assigned:	10/02/2014	Date of Injury:	06/04/2014
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 & 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:

This 30 year-old patient sustained a left hand injury on 6/4/14 when her hand was caught between a cabinet and a cage while employed by [REDACTED]. Request(s) under consideration include 1 purchase or rental of transcutaneous nerve stimulation (TENS). Diagnoses include hand contusion, left upper extremity overuse syndrome rule out left carpal tunnel syndrome (CTS). Conservative care has included medications, physical therapy (no significant improvement), and chiropractic treatment (14 sessions); splinting, and modified activities/rest. Report of 7/25/14 from the provider noted the patient with ongoing left shoulder and left wrist pain. Exam showed diffuse tenderness and spasm over cervical paravertebral muscles; pain with cervical compression; diffuse global decreased sensation in left upper extremity; 5+/5 motor strength in bilateral upper extremities; left shoulder with tenderness over lateral side and trapezius; limited painful range; left wrist with limited painful range; tenderness over dorsal and volar wrist with Phalen's and Tinel's causing pain. Report of 8/26/14 noted left wrist pain with associated numbness, tingling and weakness, dropping things. The request(s) for 1 purchase or rental of transcutaneous nerve stimulation (TENS) was non-certified on 9/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase or rental of transcutaneous nerve stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, and TENS for Chronic Pain Page(s): 114-117.

Decision rationale: This 30 year-old patient sustained a left hand injury on 6/4/14 when her hand was caught between a cabinet and a cage while employed by [REDACTED]. Request(s) under consideration include 1 purchase or rental of transcutaneous nerve stimulation (TENS). Diagnoses include hand contusion, left upper extremity overuse syndrome rule out left CTS. Conservative care has included medications, physical therapy (no significant improvement), and chiropractic treatment (14 sessions); splinting, and modified activities/rest. Report of 7/25/14 from the provider noted the patient with ongoing left shoulder and left wrist pain. Exam showed diffuse tenderness and spasm over cervical paravertebral muscles; pain with cervical compression; diffuse global decreased sensation in left upper extremity; 5+/5 motor strength in bilateral upper extremities; left shoulder with tenderness over lateral side and trapezius; limited painful range; left wrist with limited painful range; tenderness over dorsal and volar wrist with Phalen's and Tinel's causing pain. Report of 8/26/14 noted left wrist pain with associated numbness, tingling and weakness, dropping things. The request(s) for 1 purchase or rental of transcutaneous nerve stimulation (TENS) was non-certified on 9/11/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics, chiropractic treatment, therapy, and activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in activities of daily living (ADLs), decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase or rental unspecified. The 1 purchase or rental of transcutaneous nerve stimulation (TENS) is not medically necessary and appropriate.