

Case Number:	CM14-0174445		
Date Assigned:	10/27/2014	Date of Injury:	04/15/2013
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Illinois. 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 injured worker is a 31-year-old female who reported a work related injury on 04/15/2013. The mechanism of injury was not provided for review. Her diagnoses include bilateral carpal tunnel syndrome. Past treatment was noted to include acupuncture, physical therapy, infrared therapy, and medication. Diagnostic studies were noted to include an MRI of the right wrist, which was noted to reveal flexor and extensor tendons are seen in the dorsal and ventral aspect of the wrist joint. These reveal normal signal intensity. Volar wrist ligaments including the intrinsic ligaments, ulnar and palmar radial intrinsic ligaments appear normal. Superficial and deep dorsal wrist ligaments also appear normal. The triangular fibrocartilage complex appears intact. Median nerve showed normal caliber and signal intensity. Its relation with flexor pollicis longus and flexor digitorum superficialis tendon appears normal. Carpal tunnel cross sectional area at the level of the hook of the hamate appears normal. An MRI of the left wrist revealed a small lobulated cystic lesion at the volar aspect of the radiocarpal joint. It appeared hypointensive on T1W and hyperintense on T2/STIR images and is suggestive of ganglion cyst. Per the clinical note dated 08/14/2014, the injured worker complained of right wrist pain which she noted to be intermittent, right, and sharp with numbness to the hand and finger. The injured worker also complained of pain to the left wrist which she noted was intermittent, mild and sharp. Upon physical examination, it was noted there was tenderness to palpation of the dorsal wrist and Phalen's caused pain on the right. It was also noted that there was tenderness to palpation of the dorsal wrist and Phalen's caused pain to the left wrist, which had decreased sensation to the median nerve distribution. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of acupuncture 1 to 2 times a week, MRI to the wrists, and NCV/EMG to the bilateral upper extremities, and a TENS unit for home use to

control pain in the wrists. The rationale for the request was to control pain in the wrists. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, TENS (transcutaneous electrical neurostimulation)

Decision rationale: The request for a Tens unit for purchase is not medically necessary. The Official Disability Guidelines do not recommend TENS unit for upper extremities. The guidelines state transcutaneous electrical nerve stimulation units have no scientifically proven efficacy in the treatment of acute hand, wrist, forearms, but are commonly used in physical therapy. There are conflicting effects of TENS on pain outcomes in patients with arthritis in the hand. Therefore, the request for TENS unit is not medically necessary.