

Case Number:	CM14-0185229		
Date Assigned:	11/13/2014	Date of Injury:	08/30/2013
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 and 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 39 year-old injured worker sustained an injury on 8/30/13 while employed by [REDACTED]. Request(s) under consideration include TENS unit purchase with supplies. Diagnoses include hand pain s/p three prior hand surgeries in January 2007, revision on 4/3/14 with titanium plate placed and third surgery on 5/22/14 from hardware malfunction. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/17/14 from the provider noted the injured worker with chronic ongoing right hand pain rated at 3/10 with and 7/10 without medications; no change. Exam showed injured worker wearing right wrist splint; right finger range limited from pain; muscle tone, motor strength, and sensation were all normal. It was noted a 4th surgery may be indicated as new plate may be too long. The request(s) for TENS unit purchase with supplies was non-certified on 10/28/14 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:

Transcutaneous Electrical Nerve Stimulation (TENS) Unit Purchase with Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 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 adjunction 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 injured worker has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive therapy, activity modifications, yet the injured worker has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the injured worker is s/p 3 hand surgeries, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the conservative treatment already rendered with plan for possible 4th surgical revision. The TENS unit purchase with supplies is not medically necessary.