

Case Number:	CM14-0032014		
Date Assigned:	06/20/2014	Date of Injury:	01/13/2014
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 injured worker is a 42 year old female who sustained injuries to her bilateral wrists on 01/13/14 due to cumulative trauma performing her normal and customary duties. Electrodiagnostic study (EMG/NCS) of the bilateral upper extremities was unremarkable. The injured worker continued to complain of bilateral wrist and hand pain status post work injury. Physical examination of the bilateral wrists showed carpal tunnel compression positive bilaterally; Tinel's sign and Phalen's test positive bilaterally; bilateral wrist movements are normal range of motion, but painful; sensory examination of the bilateral upper extremities show reduced sensation noted distribution of median nerve bilaterally; the injured worker also has altered sensation in distribution of the bilateral C5-6 nerve root. Motor examination showed weakness in the bilateral upper extremities with reduced bilateral hand grip. Impression was that the injured worker had possible bilateral carpal tunnel syndrome, right more than left. The injured worker was recommended for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Trial of TENS Unit for 1 month for the management of symptoms related to bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for a trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit for one month for the management of symptoms related to the bilateral wrists is not medically necessary. The CAMTUS states that while TENS may reflect a long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, the request for a trial of a TENS unit for 1 month for the management of symptoms related to the bilateral wrists is not indicated as medically necessary.