MAXIMUS Federal Services

Case Number:	CM14-0049115		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2012
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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 Family Medicine, and is licensed to practice in Family Medicine. 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 46-year-old who sustained an injury to her left wrist on April 25, 2012 while exiting an elevator; the injured worker tripped, twisting her torso struggling to prevent the fall. The injured worker noticed immediate pain and discomfort in the low back. Physical examination of the left wrist noted tenderness at the left wrist volar aspect; positive Tinel's and Phalen's sign; pain with terminal flexion; dysesthesias at the digits; residual dysesthesias at the ulnar digits and exquisite tenderness at the left olecranon fossa; well-healed scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Tens Unit for the Left Wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

Decision rationale: The request for home transcutaneous electrical nerve stimulation (TENS) unit for the left wrist is not medically necessary. The previous request was denied on the basis that the injured worker noted significant improvement in spasm with the use of cyclobenzaprine and the January 30, 2014 report stated that acupuncture has helped with her symptoms. Without

evidence of failure of other conservative treatment modalities, the use of TENS unit is not warranted. The Chronic Pain Medical Treatment Guidelines state that while TENS may reflect a longstanding accepted standard 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 TENS have found that evidence is lacking concerning effectiveness. The request for home TENS unit for the left wrist is not medically necessary or appropriate.