

Case Number:	CM14-0065672		
Date Assigned:	07/11/2014	Date of Injury:	09/15/2005
Decision Date:	12/24/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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 Internal 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 patient is an injured worker with a history of carpal tunnel syndrome bilateral wrists, De Quervain's tendinitis left wrist, left fourth trigger finger, dorsal ganglion left wrist, and repetitive motion injury left wrist and hand. Date of injury was 09-15-2005. Primary treating physician's progress report dated 03-03-2014 documented subjective complaints of left wrist pain and stiffness of the fingers. The index finger is locking. The right wrist has weakness and discomfort with aching and stiffness. Right knee has pain, stiffness, and popping. Objective findings were documented. Flexion of 115-120 degrees of the right knee was noted. Tenderness of the right knee was noted. Diagnoses were status post right total knee replacement, carpal tunnel syndrome bilateral wrists, De Quervain's tendinitis left wrist, left fourth trigger finger, dorsal ganglion left wrist, and repetitive motion injury left wrist and hand. Treatment plan included a request for TENS unit for the left wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

■ **TENS Unit Purchase with Supplies for the Left Wrist/Hand/4th Finger Left:** Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Chronic Pain, TENS (transcutaneous electrical nerve stimulation), Transcutaneous Electrotherapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrical nerve stimulation (TENS). MTUS Chronic Pain Medical Treatment Guidelines state that TENS does not appear to have an impact on perceived disability or long-term pain. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaint Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that TENS units are not recommended. Medical records document a history of carpal tunnel syndrome bilateral wrists, De Quervain's tendinitis left wrist, left fourth trigger finger, dorsal ganglion left wrist, and repetitive motion injury left wrist and hand. MTUS and ACOEM guidelines do not support transcutaneous electrical nerve stimulation (TENS) for forearm, wrist, and hand conditions. Therefore, the request for TENS Unit Purchase with Supplies for the Left Wrist/Hand/4th Finger Left is not medically necessary.