

Case Number:	CM14-0092165		
Date Assigned:	09/12/2014	Date of Injury:	09/29/2012
Decision Date:	10/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Arizona. 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 50year old woman with a work related injury dated 9/29/12 resulting in chronic upper extremity pain. The patient was evaluated by the primary orthopedic physician on 5/2/14. She continues to have ongoing and gradually worsening symptoms in the left wrist with aching, throbbing, burning and stabbing. She has been attending physical therapy. She has been treated with oral analgesic medications and anti-inflammatories medications. The exam shows continued edema throughout the wrist and hands bilaterally with decreased range of motion. The diagnosis include status post left carpal tunnel release and thumb trigger finger release, status post left triangular fibrocartilage complex debridement, right de Quervain's tenosynovitis/carpal tunnel syndrome status post one injection, right triangular fibrocartilage complex tear, right lateral epicondylitis, right partial-thickness rotator cuff tear. The plan of care at this visit included continued therapy for local modalities, range of motion and functional activities, use of a TENS unit to be provided for home exercise program and oral analgesic medications. Under consideration is the use of a TENS units for the treatment of the patient's chronic hand/wrist pain. The TENS unit was denied during utilization review dated 6/5/14.

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) Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. The use of a TENS unit is not medically necessary.