

Case Number:	CM14-0203873		
Date Assigned:	12/16/2014	Date of Injury:	04/10/2014
Decision Date:	01/31/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 injured worker (IW) is a 43-year-old man with a date of injury of April 10, 2014. The mechanism of injury was not documented in the medical record. The injured worker's diagnosis is status post left third finger digital nerve surgery. The IW underwent surgery on November 10, 2014. Pursuant to the Follow-Up Consultation and Request for Authorization dated November 14, 2014, the IW reports maintenance of activities of daily living with medications at current dosing. The IW reports greater range of motion and improved tolerance to exercise and activity. The IW is taking Tramadol ER 300mg/day and Hydrocodone 10mg for breakthrough pain only. Objectively, there are no signs of infection of the left third finger. Incision is healing well. The provider is requesting postoperative physical therapy to the left third finger/hand 3 times a week for 4 weeks. He is also requesting a TENS unit to facilitate diminution in pain and improve tolerance to activity involving the hand. There is a progress reports in the medical record dated October 22, 2014, which indicates that TENS was efficacious in physical therapy. There is an entry in the treatment plan regarding a retro-request for TENS 30-day trial period. The documentation does not contain objective functional improvement with use of TENS unit. The current request is for TENS unit and supplies.

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 and supplies: 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 TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transcutaneous electrical nerve stimulation unit and supplies are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based tense trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based optional restoration. While TENS reflects the 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. The Official Disability Guidelines do not recommend transcutaneous electrical stimulation for treatment of the hand. Tens units have no scientifically proven efficacy in treatment of acute hand; wrist or forearm symptoms are commonly used in physical therapy. In this case, the injured worker's working diagnosis status post left third finger digital nerve surgery area. Date of surgery was November 10, 2014. A progress note dated October 22, 2014 contains an entry regarding a retroactive request for TENS 30 day trial. The documentation does not contain subjective or objective of TENS use. November 14, 2014 progress note contains a one line entry to continue TENS. TENS facilitates diminution in pain and improves tolerance to activity involving the hand. There is no objective evidence in the medical record that other appropriate pain modalities have been tried and failed. The documentation did not contain a one month trial period as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. There were no specific short and long-term goals of treatment submitted. The guidelines indicate the results of studies (TENS Units) are inconclusive and studies do not answer questions of long-term effectiveness. Consequently, absent the appropriate clinical trial documentation, clinical indication, required documentation and inconclusive studies regarding tens use, Transcutaneous Electrical Nerve Stimulation (TENS) Unit and Supplies are not medically necessary.