

Case Number:	CM15-0001934		
Date Assigned:	01/13/2015	Date of Injury:	07/09/2013
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 07/09/2013. The mechanism of injury was not provided. His diagnoses were noted as right carpal tunnel syndrome; right ulnar neuropathy, Guyon's canal; right distal radius chronic pain status post open reduction and internal fixation with hardware; and hypersensitivity, dorsal sensory median nerve. His past treatments were noted to include occupational therapy, cold therapy, medication, topical analgesics, surgery, night wrist splints, a home exercise program, activity modification, a DVT device, a TENS unit, injection, and a continuous passive motion device. His diagnostics were noted to include an EMG/NCV of the bilateral upper extremities performed on 11/10/2014 and an x-ray of the right hand performed on 11/07/2014. His surgical history was noted to include right 4 portal wrist arthroscopy, synovectomy, debridement, and repair of TFCC, performed on 04/21/2014. During the assessment on 11/20/2014, the injured worker complained of pain in the right thumb, wrist, and forearm. He also complained of numbness of the right thumb, palm, and wrist. He also reported a burning sensation in the right wrist, hand, and forearm. The physical examination revealed a positive median nerve compression test, Tinel's sign, and Phalen's test. There was a positive ulnar nerve compression test. There was also chronic pain along the plate distal radius. His medication list was not provided. The treatment plan was to remain off work for 6 weeks and return for a followup evaluation in 4 weeks. The rationale for the request was not provided. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for TENS unit is not medically necessary. The California MTUS Guidelines do not recommend the use of a TENS unit as a primary treatment modality; however, a 1 month home based may be considered as a noninvasive conservative option. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted prior to use. After a successful 1 month trial, continued TENS treatment may be recommended if there is documentation of how often the unit was used as well as outcomes in terms of pain relief and function. The clinical note dated 11/20/2014 indicated that the injured worker was instructed to use the device 3 to 4 times a day at 30 minute intervals for purchase. It also indicated that the unit was being prescribed as an adjunct to conservative treatment as part of the functional restoration program designed for the injured worker. However, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Due to the lack of information regarding the specific short and long term goals of treatment and documentation of prior treatment, the request for TENS unit is not medically necessary.