

Case Number:	CM15-0008700		
Date Assigned:	01/26/2015	Date of Injury:	11/21/2002
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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 56-year-old male with a reported date of injury on 11/21/2012; the mechanism of injury was not provided. The diagnoses include joint pain in the wrist and tenosynovitis. Prior treatments to date were noted to include chiropractic care, activity restrictions, ice, and medications. The only clinical documentation provided was a clinical note from 09/29/2014 which noted that the injured worker had complaints of pain to the left wrist that was rated 4/10 to 5/10. At the time, it was also noted the injured worker was using ice and etodolac for pain alleviation; it was noted the pain was 7/10 without medications and 5/10 with medications. The injured worker was also noted to deny participating in an exercise program at home for the wrist. On physical examination, there was noted tenderness over the soft tissue of the wrist joint and tenderness within the extensors carpi ulnaris tendon as well as the flexor carpi ulnaris tendon. Range of motion of the hand was normal and there was no swelling or muscle atrophy present. Within the clinical note provided, there was no indication of a request for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase and electrodes combo pack: 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
Page(s): 114 - 116..

Decision rationale: According to the California MTUS Guidelines, transcutaneous electrical nerve stimulation is not currently recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as adjunct to a program with evidence based functional restoration. The guidelines continue to state that prior to the use of TENS unit, there should be documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been trialed and failed and a treatment plan including specific short and long term goals of treatment with TENS should be submitted. The guidelines also recommend that rental would be preferred over purchase during a trial. This request remains unclear as there is no clinical documentation provided in relation to the requested TENS unit. In addition, it remains unclear as to why the physician is recommending purchase of TENS unit as rental is preferred and there was lack of evidence that the TENS unit is being prescribed as an adjunct to a program of evidence based functional restoration. Furthermore, there is no treatment provided and there is lack of evidence other appropriate pain modalities have been tried and failed. Therefore, the request for TENS unit purchase and electrodes combo pack is not medically necessary.