

Case Number:	CM15-0143162		
Date Assigned:	08/04/2015	Date of Injury:	10/03/2014
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43 year old male with an industrial injury dated 10-03-2014. The injury is documented as occurring while working as a plumber. The drill got stuck overturning his right hand wrist and forearm. His diagnoses included wrist pain, hand pain and carpal tunnel syndrome. Prior treatment included physical therapy, injection in wrist and medications. He presents on 07-02-2015 for right wrist pain. Physical exam revealed restricted range of motion of the right wrist. There was tenderness to palpation over the radial side, ulnar side, and first dorsal compartment with medial and lateral tenderness. Sensation to pin prick was decreased over the thumb, index finger, little finger and lateral hand on the right side. EMG report dated 04-28-2015 (as documented by provider) showed mild to moderate right carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components without evidence of ongoing denervation. Treatment plan included physical therapy, medications and TENS unit. Work status was modified duty. The treatment request is for TENS (transcutaneous electrical nerve stimulation) Unit, 30 day home rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit, 30 day home rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

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 visit to Dr. Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 30 day home rental is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are wrist pain; and pain; and carpal syndrome. Date of injury is October 3, 2014. Request authorization is July 6, 2015. According to a July 2, 2015 progress note, the injured worker's subjective complaints or right wrist pain and hand pain. The injured worker has a history of mild carpal tunnels syndrome. The treating provider requested a TENS unit to address pain complaints and avoid medication escalation. TENS is not recommended for treatment of the forearm, wrist and hand. Consequently, absent guideline recommendations for TENS application to the forearm, wrist and hand, TENS unit 30 day home rental is not medically necessary.