

Case Number:	CM15-0161569		
Date Assigned:	08/27/2015	Date of Injury:	11/14/2013
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury to her wrists and hands on 11-14-2013. The injured worker was diagnosed with bilateral carpal tunnel syndrome and left thumb osteoarthritis. The injured worker is status post left carpal tunnel release, left thumb carpometacarpal joint arthroplasty with flexor carpi radialis (FCR) tendon transfer on January 22, 2015. Treatment to date has included diagnostic testing, surgery, post-operative occupational therapy, splint, modified work restrictions and medications. According to the primary treating physician's progress report on June 22, 2015, the injured worker continues to experience aching and discomfort with her thumb. The injured worker has progressed to 8 hours a day with work restrictions and is doing well. Examination demonstrated well healed surgical sites and good range of motion. The provider was unable to provoke discomfort. Current medication was listed as Ibuprofen. Treatment plan consists of ergonomic keyboard pending, comfort cool splint for support, increasing to 10 hour days, 4 days a week with the modified restrictions and the current request for transcutaneous electrical nerve stimulation (TEN's) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (indefinite): Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect 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.(Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary.