

Case Number:	CM15-0194668		
Date Assigned:	10/08/2015	Date of Injury:	10/10/2013
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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, 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 55 year old female injured worker suffered an industrial injury on 10-10-2013. The diagnoses included carpal tunnel release and tenovaginitomy. On 9-4-2015 the treating provider reported the healing was satisfactory without complications without evidence of recurrent triggering. She completed at least 23 session of physical therapy. On exam the grip strength on 7-24-2015 for the right hand was 10-10-10 and left hand 30-30-30 and on 9-4-2015 right hand 30-30-30 and left 20-20-20. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels before and after surgery and therapy. The exam did not include any neurological signs or symptoms. Request for Authorization date was 9-4-2015. The Utilization Review on 9-22-2015 determined non-certification for transcutaneous electrical nerve stimulation (TENS) evaluation and instruction, right wrist-hand, per 09/04/15 order.

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) evaluation and instruction, right wrist/hand, per 09/04/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: In this case the patient is over six months post-op for a carpal tunnel release and has completed 23 sessions of physical therapy with documented improvement. A TENS unit is requested, however this is no evidence in the medical records that the patient has conditions qualifying her for TENS therapy, such as neuropathic pain, complex regional pain syndrome, multiple sclerosis, spasticity due to spinal cord injury or phantom limb pain. The criteria for the use of TENS as set out by the CA MTUS Chronic Pain Guidelines (pp 114-116) have not been met. Therefore the request is not medically necessary or appropriate.