

Case Number:	CM15-0208809		
Date Assigned:	10/27/2015	Date of Injury:	12/24/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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 53 year old female, who sustained an industrial injury on 12-24-2014. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for right wrist open reduction internal fixation (ORIF) with plate and pins and hardware removal. Medical records dated 8-31-2015 and 9-17-2015 indicate the injured worker complains of wrist pain, numbness and fatigue. The treating physician on 8-31-2015 and 9-17-2015 does not indicate results of trial of Transcutaneous Electrical Nerve Stimulation (TENS) unit. Physical exam dated 9-17-2015 notes tenderness to palpation and decreased range of motion (ROM). Treatment to date has included surgery, X-rays, home exercise program (HEP), medication, physical therapy and activity alteration. The original utilization review dated 10-6-2015 indicates the request for Transcutaneous Electrical Nerve Stimulation (TENS) unit is non-certified.

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 Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post right wrist distal radius comminuted impacted fracture, ulna styloid comminuted fracture with widening of the scapholunate joint consistent with scapholunate ligament rupture; status post open reduction internal fixation with plate distal radius pins scapholunate minimal residual widening; pin removal May 15, 2015. Date of injury is December 24, 2014. Request for authorization is September 29, 2015. According to a September 17, 2015 progress note, the injured worker's status post open reduction internal fixation with pins to the distal radius. The injured worker has compensatory left wrist pain. Physical therapy helps. The treating provider is requesting TENS to the left wrist. The guidelines do not recommend TENS to the forearm, wrist or hand. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non-recommendations for TENS to the forearm, wrist or hand, TENS unit is not medically necessary.