

Case Number:	CM15-0222273		
Date Assigned:	11/18/2015	Date of Injury:	06/04/2014
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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, Georgia
 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 43-year-old female, with a reported date of injury of 06-04-2014. The diagnoses include right wrist sprain, left ankle sprain and strain, and chronic myofascial pain. The medical report dated 10-26-2015 is handwritten. The report indicates that the injured worker had left ankle and foot pain, which was made worse with standing. She reported radiation of pain to the right knee and right side lower back. The objective findings were not found in the medical report. The injured worker's work status was noted as modified duties from 10-26-2015 to 11-26-2015. The medical report dated 10-28-2015 indicates that since the last examination, the injured worker's condition had worsened. It was noted that her right wrist and thumb symptoms were worse due to repetitive activities at work. She had right wrist pain with motion. It was noted that the injured worker was currently on modified duty. The physical examination showed tenderness to palpation of the flexor surface of the right wrist; diffuse tenderness to the radial wrist; tenderness of the extensor surface of the right wrist; tenderness of the CMC joint of the right thumb; no crepitation of the right wrist; full range of motion of the right wrist; intact sensation to light touch and pinprick in all dermatomes of the right upper extremities for the wrist; negative Phalen's test; and negative Tinel's sign for the right median nerve compression. The injured worker's work status was noted as return to work with restrictions. The diagnostic studies to date have included an MRI of the left ankle on 05-11-2015 which showed small joint effusion, mild sprain deep tibiotalar fibers without tear, minimal tenosynovitis tibialis posterior, minimal insertional tendinosis, and mild plantar fasciitis; an MRI of the left foot on 05-12-2015

which showed mild plantar fasciitis, presence of os navicular, and left great toe minimal arthritis changes and minimal joint effusion. Treatments and evaluation to date have included Tylenol PM extra strength, Motrin, Nabumetone, and physical therapy. The treating physician requested a TENS (transcutaneous electrical nerve stimulation) unit. On 11-02- 2015, Utilization Review (UR) non-certified the request for a TENS (transcutaneous electrical nerve stimulation) unit.

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 rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record documents an office trial of TENS unit with minimal change in pain and contains no documented home trial of one month to otherwise assess efficacy. It does not document short or long term treatment goals. TENS unit is not medically necessary.