

Case Number:	CM15-0035324		
Date Assigned:	03/03/2015	Date of Injury:	03/27/2014
Decision Date:	08/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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:

This 44 year old woman sustained an industrial injury on 3/27/2014. The mechanism of injury is not detailed. Diagnoses include right hand contusion and right hand dysethesias. Treatment has included oral medications, acupuncture, home exercise program, and physical therapy. Physician notes on a PR-2 dated 11/10/2014 show complaints of right hand pain rated 6/10. Recommendations include right hand/wrist MRI, continue acupuncture, continue home exercise program, one-month trial of TEN units for home use, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month Transcutaneous electrical nerve stimulation (TENS) unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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 Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one month TENS unit 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 right-hand contusion; and right-hand dysesthesias. The date of injury is March 27, 2014. Request for authorization is dated February 9, 2015. According to a November 10, 2014 progress note, the documentation indicates a pain scale of 6/10, but does not relate the anatomical region. Three out of six acupuncture sessions were provided and 12 out of 12 physical therapy sessions were provided. A home TENS unit was requested and denied. According to a February 9, 2015 progress note, there is no change in clinical symptoms. Elbow pain is 6/10. There is no clinical discussion, indication or rationale for a TENS unit. Additionally, TENS is not indicated for the elbow forearm, wrist and hand. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines and a clinical discussion, indication and rationale for TENS, one month TENS unit rental is not medically necessary.