

Case Number:	CM15-0037160		
Date Assigned:	03/05/2015	Date of Injury:	11/17/2013
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25-year-old male, who sustained an industrial injury on 11/17/13. He has reported left wrist and hand injuries. The diagnoses have included closed fractures of carpal bones, left wrist pain. Treatment to date has included medications, activity modifications, Home Exercise Program (HEP), heat, cold, stretching, Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy. Currently, as per the physician progress note dated 1/28/15, the injured worker complains of weakness of full grip and grasp left hand. The MRI of the left wrist dated 7/25/14 revealed subchondral cyst, erosion at capitate, radiocarpal joint effusion, multiple loose bodies at scaphoid and lunate, and hook of hamate is hypoplastic. The x-ray of the left hand dated 6/9/14 was unremarkable. Physical exam of the left wrist revealed tenderness over the thenar eminence status post left wrist trauma with fragmentation, scaphoid and lunate. The current medications included Norco, Fexmid, Protonix, and Anaprox with relief of pain and weakness. The urine toxicology dated 2/5/15 was inconsistent with prescribed medications. On 2/10/15 Utilization Review non-certified a request for Transcutaneous Electrical Nerve Stimulation (TENS) unit and supplies, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines and Official Disability Guidelines 2015 online.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 2015 online.

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

Decision rationale: The patient presents with left wrist and hand pain, rated 8/10. The request is for TENS UNIT AND SUPPLIES. There is no RFA provided for this case. The diagnoses have included closed fractures of carpal bones, left wrist pain. Treatment to date has included medications, activity modifications, Home Exercise Program (HEP), heat, cold, stretching, Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy. The MRI of the left wrist dated 7/25/14 revealed subchondral cyst, erosion at capitate, radiocarpal joint effusion, multiple loose bodies at scaphoid and lunate, and hook of hamate is hypoplastic. The patient has reached maximum medical improvement and is not working due to having no use of the left hand, per treater report 12/30/14. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial maybe considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. It appears that the patient has previously used the TENS unit. There is no mention of how the patient has utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit IS NOT medically necessary.