

Case Number:	CM15-0038289		
Date Assigned:	03/06/2015	Date of Injury:	06/10/2014
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female patient, who sustained an industrial injury on 06/10/2014. A primary treating office visit dated 02/05/2015, reported subjective complaint of burning bilateral wrist and hand pains. Her pain is described as constant, and moderate to severe. The patient rates the pain a 5-6 out of 10 in intensity. The pain is aggravated by gripping, grasping, reaching, pulling and lifting. She also complains of weakness, numbness, tingling pain that radiates to the hands and fingers. She states the symptoms are persistent, but medications do offer temporary relief. The pain is alleviated by activity restrictions. Objective findings showed there is tenderness to palpation over the carpal bones and over thenar and hypothenar eminence bilaterally. Sensory to pinprick and light touch is slightly diminished along the course of the median nerve distribution in the bilateral upper extremities. The following diagnoses are applied: bilateral wrist-hand tenosynovitis. The plan of care involved continuing with prescribed medications, periodic urine drug screening, patient wanting computerized tomography of bilateral wrist, pending nerve conduction study of bilateral upper extremities, initiate acupuncture, continue with current physical therapy, continue with current shockwave therapy and requesting Terocin patches. The following medications are prescribed: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Ketoprofen cream. She is to follow up in 4 weeks.

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) unit to bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114 Page(s): 114.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for bilateral wrist and hand pain with diagnoses of tenosynovitis. The requesting provider also requested physical therapy and acupuncture treatments. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Since there is no documented trial of TENS, purchasing a TENS unit is not medically necessary.