

Case Number:	CM15-0045227		
Date Assigned:	03/17/2015	Date of Injury:	11/26/2014
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
 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 was a 27 year old male, who sustained an industrial injury, November 26, 2014. The injured worker sustained a right hand injury after the injured worker's hand was struck in an industrial dishwasher. The injured worker previously received the following treatments 8 physical therapy session, TENS (transcutaneous electrical nerve stimulator) unit trial during physical therapy, fiberglass right wrist splint, Percocet, ice, right wrist x-ray, surgical repair of the flexor carpal ulnaris and extensor carpal ulnaris tendons and laboratory studies. The injured worker was diagnosed with ulnar styloid fracture, prominent medial soft tissue defect. According to progress note of January 16, 2015, the injured worker's chief complaint was right hand pain. The injured worker was attending physical therapy. The injured worker was trailing TENS unit with good result. The injured worker rated the pain 10 out of 10; 0 being no pain and 10 being the worse pain. On January 23, 21015 the pain was rated 9 out of 10 before TENS unit and 7 out of 10 after. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit for home use, on January 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: The patient presents with pain affecting the right hand, wrist, and elbow. The current request is for TENS unit for home. The requesting treating physician report dated 1/29/15 (17C) was not legible. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. Medical reports provided, show that the patient has received a previous home trial of a TENS unit with documented functional improvement. The documents provided also show that the patient has not undergone any recent surgery. In this case, while an additional one month rental would be reasonable and within the MTUS guidelines, there is no indication of a designated time period the TENS unit would be used for therapeutic use. The current request will be treated as a purchase request. The patient has had a TENS trial with documented functional improvement. Recommendation is for authorization. Therefore, this request is medically necessary.