

Case Number:	CM15-0046532		
Date Assigned:	03/18/2015	Date of Injury:	06/04/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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 62-year-old male, who sustained an industrial injury on June 4, 2013. The injured worker had reported a neck, back and left wrist and hand injury related to a fall. The diagnoses have included laceration to the little finger of the left hand, questionable non-displaced fracture at the base of the left wrist triquetrum and status post left wrist surgery. Treatment to date has included medications, radiological studies, physical therapy, wrist brace and left wrist surgery. Current documentation dated October 1, 2014 notes that the injured worker complained of left wrist pain rated at a four-five out of ten on the Visual Analogue Scale with medication. Physical examination of the left wrist revealed no edema and a normal range of motion. The treating physician's recommended plan of care included a request for a transcutaneous electrical nerve stimulation unit and electrodes #18.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and Electrodes (18 pairs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

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

Decision rationale: The patient presents with left wrist pain, rated 4-5/10 with medication and 7-8/10 without medication. The request is for TENS UNIT AND ELECTRODE (18 PAIRS). Patient is status post left wrist arthroscopic debridement of the triangular fibrocartilage complex and arthroscopic synovectomy surgery 06/24/14. Patient has completed post-operative physical therapy treatments with minimal benefits. Per 10/01/14 progress report, patient's diagnosis includes laceration to little finger, let hand, and s/p left wrist surgery, 6/27/14. Patient's medications, per 10/01/14 progress report include Lyrica and Ultracet. Per 10/01/14 progress report, patient is to remain off-work until 11/10/14. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, only one progress report was provided. The treater does not discuss this request. No RFA was provided, either. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long-term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Given the lack of documentation, as required by MTUS, the request IS NOT medically necessary.