

Case Number:	CM15-0048157		
Date Assigned:	03/20/2015	Date of Injury:	06/24/2009
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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:

The injured worker is a 48 year old male who sustained a work related injury on June 24, 2009, incurring a left arm fracture and injuries. He was diagnosed with a distal ulnar fracture and chronic pain syndrome. Treatment included multiple arm surgeries, physical therapy, bracing and medications. Currently, the injured worker complained of persistent pain along the left wrist and left elbow. He continues on pain medications, and neuropathy medications and the treatment plan is requesting for authorization for a Transcutaneous Electrical Nerve Stimulation (TENS) unit with garment and a Transcutaneous Electrical Nerve Stimulation (TENS) pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 - 117.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines TENS, chronic pain

(transcutaneous electrical nerve stimulation) Page 114-117. Transcutaneous electrotherapy Page 114-117. Electrical stimulators (E-stim) Page 45.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrical nerve stimulation (TENS). MTUS Chronic Pain Medical Treatment Guidelines state that TENS does not appear to have an impact on perceived disability or long-term pain. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaint Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that TENS units are not recommended. Medical records document a history of left wrist injury and fracture, distal ulnar fracture, and wrist pain. ACOEM guidelines do not support transcutaneous electrical nerve stimulation (TENS) for forearm, wrist, and hand conditions. The request for TENS is not supported by MTUS guidelines. Therefore, the request for TENS transcutaneous electrical nerve stimulation is not medically necessary.

TENS pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 - 117.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-117. Transcutaneous electrotherapy Page 114-117. Electrical stimulators (E-stim) Page 45.

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