

Case Number:	CM15-0051486		
Date Assigned:	03/24/2015	Date of Injury:	06/24/2009
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 an industrial injury on 6/24/2009. His diagnoses, and/or impressions, include distal ulnar fracture - status-post arthrotomy, capsulectomy and synovectomy (2011), partial ostectomy of the ulna and capsulectomy (2013); and chronic pain syndrome with depression and weight gain. His treatments have included surgery with 12 physical therapy sessions, heat/cold therapy, soft & rigid braces, and medication management. The progress notes, of 1/27/2015, state that he reported for follow-up of an ulnar excision tenolysis and tenodesis surgery, complaining of some pain with loss of grip strength and motion and stating he would like to improve his motion and strength. It is noted he has a transcutaneous electrical stimulation unit that has not been working for the previous 5 months. The requested treatments included transcutaneous electrical stimulation unit with garment and Tens pads.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient is a 48-year-old male with an injury on 06/24/2009. He had a distal ulnar fracture and had surgery in 2011 and 2013. He has ulnar pain and loss of grip strength. MTUS, ACOEM guidelines note that a TENS unit "has no scientifically proven efficacy in treating" hand, wrist or forearm symptoms. The use of the TENS unit will not improve the long term outcome of the patient's condition. The TENS device is not a recommended treatment and is not medically necessary.

Tens Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient is a 48-year-old male with an injury on 06/24/2009. He had a distal ulnar fracture and had surgery in 2011 and 2013. He has ulnar pain and loss of grip strength. MTUS, ACOEM guidelines note that a TENS unit "has no scientifically proven efficacy in treating" hand, wrist or forearm symptoms. The use of the TENS unit will not improve the long term outcome of the patient's condition. The TENS device is not a recommended treatment and is not medically necessary. Since the TENS unit is not medically necessary, the TENS pad for using the TENS unit is also not medically necessary.