

Case Number:	CM15-0081509		
Date Assigned:	05/04/2015	Date of Injury:	12/17/2013
Decision Date:	06/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/28/2015

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 an industrial injury on 12/17/13. The injured worker reported symptoms in the left upper extremity. The injured worker was diagnosed as having status post left hand middle finger release (10/24/14). Treatments to date have included oral pain medication, transcutaneous electrical nerve stimulation unit, and muscle relaxant. Currently, the injured worker complains of left hand pain. The plan of care was for a transcutaneous electrical nerve stimulation unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

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. The primary treating physician's progress report dated 4/27/15 documented the diagnosis of status post left hand middle finger release 10/24/14. The patient has a history of left hand injury. The patient reported left hand pain. Left hand third digit contracture was noted. Tenderness over the palmar surgical scar was noted. ACOEM indicates that TENS units are not recommended for hand and wrist conditions. Therefore, the request for TENS is not medically necessary.