

Case Number:	CM14-0139330		
Date Assigned:	09/05/2014	Date of Injury:	04/27/2013
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old female whose date of injury is 04/27/2013. The mechanism of injury is described as assisting a client in a wheelchair form falling. Treatment to date includes ORIF of the left distal radius fracture on 05/03/13, hand therapy, diagnostic testing, and medication management. Diagnoses are status post ORIF left distal radius fracture and right shoulder impingement syndrome. Electrodiagnostic report dated 05/13/14 revealed no electroneurographic indicators of carpal tunnel syndrome or ulnar neuropathy and no evidence of acute cervical radiculopathy was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Rental of Transcutaneous Electrical Nerve Stimulation (TENS) Unit Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for 30 day rental of transcutaneous electrical nerve stimulation (TENS) unit trial is not recommended as medically necessary. There is no indication that the injured worker presents with a condition for which

California MTUS guidelines would support a TENS unit trial. There is no indication that the injured worker has undergone any recent active treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by California MTUS guidelines. Therefore, medical necessity of the requested TENS unit trial is not established.