

Case Number:	CM14-0157349		
Date Assigned:	09/30/2014	Date of Injury:	10/09/2013
Decision Date:	10/28/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New Jersey & New York. 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 51 year-old male who was injured due to repetitive work on 10/9/13. He had a swollen painful right wrist. In 12/2013, he had arthroscopy irrigation of right wrist for septic wrist. Afterwards, he complained of neck, right shoulder, and right wrist pain with numbness and tingling of his fingers. His exam showed positive carpal tunnel diagnostic maneuvers and decreased range of motion of his right wrist. He had decreased grip strength and decreased sensation of the right second and third fingers. He was diagnosed with cervical radiculopathy, carpal tunnel syndrome, wrist and finger sprains, synovitis and tenosynovitis. He had electrodiagnostic testing showing right ulnar neuropathy. His treatment plan included physical therapy, acupuncture, cortisone injection, Anaprox and Ultram. As per the chart, the medications helped control pain and his progress with acupuncture was "slow but steady" with increased range of motion and mobility. The current request is for the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TENS

Decision rationale: According to the ODG, it is not the first line treatment for forearm, wrist, and hand symptoms. It is customary to order a one month home-based trial of a TENS unit prior to chronic use. However, the patient's location of pain does not warrant the use of a TENS unit as first line. The patient has been receiving conservative measures in the form of anti-inflammatories and narcotics with documented control of pain. He has also been improving with physical therapy and acupuncture. Therefore, the request is considered not medically necessary and appropriate.