

Case Number:	CM14-0215724		
Date Assigned:	01/05/2015	Date of Injury:	01/06/2013
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained a work related injury on 1/6/2013. According to the Utilization Review, the mechanism of injury was reported to be injury from pushing a dessert cart when she suddenly felt sharp pain in the neck and shoulders. The current diagnoses are right wrist sprain/strain, right wrist tenosynovitis, right De Quervain's disease, and status post A1 pulley release for the right thumb (undated). According to the progress report dated 11/11/2014, the injured workers chief complaints were constant, moderate achy, dull right wrist pain that radiated to the right hand with numbness and tingling, which is aggravated by grabbing, grasping, and gripping. She reported the pain increases in her hand and thumb with activities of daily living. The physical examination revealed tenderness to palpation of the dorsal wrist, thenar, and volar wrist. There was swelling present in the right hand. Range of motion was decreased and painful. On this date, the treating physician prescribed TENS Unit/Home Kit rental for right wrist, which is now under review. The TENS Unit was prescribed specifically to control pain. In addition to the TENS Unit, the treatment plan included follow up with an orthopedic specialist, pain medication management, urine drug screen, and acupuncture. The injured worker was previously treated with 12 post-operative occupational therapy sessions for the right thumb and 6 acupuncture sessions. When the TENS Unit was first prescribed work status was temporarily totally disabled. On 11/20/2014, Utilization Review had non-certified a prescription for TENS Unit/Home Kit rental for right wrist. The TENS Unit was non-certified based on the claimant being 22 months post injury. The guidelines indicate that a complete review of the past history is

essential prior to certifying any additional treatments. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of a TENS home unit kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116. Decision based on Non-MTUS Citation wrist/forearm chapter, TENS

Decision rationale: This patient presents with de Quervain's disease, sprain/strain, and tenosynovitis of the right wrist. The request is for TENS unit/home kit rental x 1 month trial for the right wrist. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. ODG guidelines wrist/forearm chapter under TENS states, "Not recommended. Transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. (Milliman, 1998) There are conflicting effects of TENS on pain outcomes in patients with arthritis in the hand."In this case, reports provided show the patient is using other treatment modalities. The patient had 12 postoperative occupational therapy sessions for the right thumb and 6 sessions of acupuncture were completed with some benefits. No electrical stimulation treatment was noted. This patient does not present with any of the diagnoses for which TENS units are indicated. Tenosynovitis condition is not a neuropathic condition. ODG guidelines do not support the use of TENS for wrist pains either. The request IS NOT medically necessary.