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| Case Number: | CM14-0215726 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 10/30/2012 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/11/2014 |
| 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 29 year old female was a paraeducator when she sustained an injury on October 30, 2012. Her right arm was pulled while trying to break up a fight between two young men. She reported pain of the neck, right shoulder elbow, and hand. On November 2, 2012, she sustained a second injury at the same job when she attempted to prevent a young man from falling when he tripped while running using her left arm. On January 1, 2013, an MRI of the cervical spine revealed minimal broad-based posterior disc bulge/disc osteophyte complex at C5/6 which abuts the ventral aspect of the cord, but no central canal stenosis, neural foraminal narrowing or cord signal abnormality. On January 7, 2013, an MRI of the right wrist revealed no gross focal injury or lesion, no other significant or incidental findings. On January 25, 2013, MRIs of the left wrist and bilateral shoulders revealed no significant or incidental findings. On February 19, 2013, electrodiagnostic studies were performed. The injured worker was unable to tolerate an EMG (electromyography) portion of the study. The NCS (nerve conduction study) portion revealed mild slowing of the sensory branch of the medial nerve across the right carpal tunnel. Past treatment included a wrist brace, diagnostic studies, activity modifications, physical therapy, occupational therapy, and non-steroidal anti-inflammatory medications. The records show 20 sessions of occupational therapy with therapeutic exercise, TENS (transcutaneous electrical nerve stimulation), splinting with Kinesotape, manual therapy, postural modifications, and a home exercise program from September 30, 2013 to May 16, 2014. The occupational therapist noted the injured worker was dissatisfied with a home TENS unit due to difficulty programming it, and suggested the [REDACTED] unit which the injured worker used in therapy and was comfortable

with it. On July 22, 2014, the injured worker underwent a right carpal tunnel release. On November 5, 2014, the treating physician noted numbness of the right fingertips, improved range of motion, decreased strength, right thumb and wrist pain, itchy sensation at right wrist incision site, radiating pain from the right wrist to the right forearm, right shoulder pain, and increased pain of the left wrist with stiffness and radiating pain from the lateral left hand to the lateral left elbow. The physical exam revealed a healed right hand wound without signs of infection, decreased sensation of the left hand fingertips, and a positive left hand Phalen's test. Diagnoses were bilateral shoulder and bilateral wrist sprain/strain, right carpal tunnel syndrome, and left carpal tunnel syndrome. Current medication included a non-steroidal anti-inflammatory medication. The injured worker was awaiting authorization of a left carpal tunnel release. The physician recommended EMG/NCS of the left upper extremity. Current work status is temporarily totally disabled. The records refer to a course of postsurgical occupational therapy with therapeutic exercise, electrical stimulation, paraffin bath, vasopneumatic, infrared, and manual therapy between August 29, 2014 and December 26, 2014. On December 11, 2014, Utilization Review non-certified a retrospective prescription for [REDACTED] E-stim (TENS) unit and supplies for home use, DOS October 22, 2014 requested on November 11, 2014. The [REDACTED] E-stim (TENS) and supplies were non-certified based on lack of specific documentation of functional improvement from any previous use. The applicable guidelines only recommend a one-month trial of TENS if it is part of a comprehensive rehabilitation program, not as an isolated therapeutic intervention. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy: Criteria for the use of TENS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: [REDACTED] E-stim (TENS) unit and supplies for home use DOS: 10/22/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Criteria for the use of TENS Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies

is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. This patient has reported home use of a TENS unit with no documentation of gains. The new unit has been requested because the patient had difficulty programming the previous TENS unit. A one month trial of this new unit with documented objective gains would be necessary to meet criteria guidelines as specified per the California MTUS. Therefore, criteria have not been met. This request is not medically necessary.