

Case Number:	CM14-0217142		
Date Assigned:	01/07/2015	Date of Injury:	12/12/2013
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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: 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 injured worker's date of injury is 12/12/2013. The patient worked as a janitor and suffered a slip and fall while carrying barrels. The patient immediately felt L wrist pain. An EMG on 11/03/2014 showed evidence of median nerve neuropathy. The medical diagnoses are L wrist tendinitis and possible carpal tunnel syndrome. Now the patient receives treatment for chronic L wrist pain and the patient was treated with physical therapy, ibuprofen 800 mg BID, and TENS. The documentation states that the pain level went from 9/10 to 3/10 on taking ibuprofen 800 mg BID. This review covers the request for a 1 month use of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days rental of transcutaneous electrical nerve stimulation unit between 12/17/2014 and 1/31/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: This patient receives treatment for chronic L wrist tendinitis. The documentation states clearly that the ibuprofen 800 mg taken BID po reduced the pain level from 9/10 to 3/10. The level of benefit from the TENS is not stated as clearly. The treatment guidelines state that TENS may show benefit for some patients who have multiple sclerosis, neuropathic pain, phantom limb pain, or CRPS II. This patient does not have any of these diagnoses. Based on the documentation, TENS is not medically indicated.