

Case Number:	CM15-0100856		
Date Assigned:	06/03/2015	Date of Injury:	02/18/2015
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female, with a reported date of injury of 02/18/2015. The diagnoses include left wrist sprain/strain/enthesopathy, overuse syndrome of the left upper extremity, rule out peripheral nerve entrapment of the left upper extremity, and left upper extremity grip strength loss. Treatments to date have included a splint, oral steroids, and oral medications. The initial chiropractic report dated 03/17/2015 indicates that the injured worker complained of left shoulder/upper arm pain, rated 8 out of 10. Her left shoulder was very stiff, making it difficult to use it. The injured worker could not lift her arm to her shoulder height. The pain radiated down the arm with numbness in the fingers. She also complained of left distal forearm pain, rated 6 out of 10 and left thumb pain and numbness, rated 2-8 out of 10. The physical examination of the left upper extremity showed tenderness to palpation over the acromioclavicular joint and glenohumeral joint of the left shoulder, global weakness of the left shoulder due to moderate-to-severe pain, decreased left shoulder range of motion, and decreased left wrist range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (left wrist): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.