

Case Number:	CM15-0016330		
Date Assigned:	02/04/2015	Date of Injury:	07/17/2013
Decision Date:	03/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old male who sustained a work related injury July 17, 2013. Past history included open reduction internal fixation left wrist, forearm complete fasciotomy 7/2013; left wrist surgical diagnostic arthroscopy synovectomy, reconstruction of dorsal distal radioulnar ligament, capsulorrhaphy, ulnocarpal joint, hypertension, anxiety and depression. He fell, landing on the edge of a sidewalk, with the dorsal aspect of his hand. According to a treating physician's report dated November 21, 2014, the injured worker presented with complaints of dull pain of the left wrist, with limited range of motion especially with extension. Physical examination reveals healed scars on the flexor and ulnar sides of the wrist. There is mild atrophy of the hand which is non-dominant side. Tender volar and radial aspects of the wrists, Tinel's and Phalen's are negative and Finkelsteins's is negative. Treatment plan included continue home exercise, paraffin, dispensed #2 TENS electrodes; psychologist evaluation, physical therapy and refill topical medication. According to utilization review dated January 16, 2015, the retrospective request for TENS Patch x 2 is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DME; TENS patch time 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114 - 116.

Decision rationale: MTUS guidelines note that the efficacy studies on using a TENS unit are inconclusive. "The evidence is lacking concerning effectiveness." Since the TENS unit treatment is not medically necessary, the TENS unit patch X 2 is not necessary.