

Case Number:	CM15-0111533		
Date Assigned:	06/22/2015	Date of Injury:	10/23/2013
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 10/23/13. He reported hand pain and swelling. The injured worker was diagnosed as having left wrist status post-surgery in June 2014, wrist sprain/strain, and complete tear of the distal ulnar attachment. Treatment to date has included De Quervain's release, physical therapy, topical cream, oral medication, TENS, and heat application. Currently, the injured worker complains of left wrist pain. The treating physician requested authorization of TENS patches x2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch, two pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The request is for 2 pairs of TENS patches. The CA MTUS states that TENS is not recommended as a primary treatment modality, but a one month home-based trial may be considered when used as an adjunct to a program of evidence-based functional restoration. In this case, there was no documentation submitted indicating that the patient is

using a TENS unit and for what condition it has been prescribed. There is also no documentation of a successful trial. Due to the lack of information in the submitted request, it cannot be deemed medically necessary at this time.