

Case Number:	CM15-0116974		
Date Assigned:	06/25/2015	Date of Injury:	02/17/2010
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46-year-old male who sustained an industrial injury on 2/17/10. Diagnoses include cervical degenerative disc disease, carpal tunnel syndrome bilaterally, De Quervain's syndrome bilaterally, status post carpal tunnel release, 5/2011, and cystic structure with a trigger finger over the 4th digit of the right hand. Comorbid conditions include prior gastric bypass surgery and obesity (BMI 34.4). Treatment has included surgery, TENs and medications. In a progress note dated 2/9/15, the treating physician reports injured worker complained of pain 6-8/10 and he continued to have numbness and tingling over the bilateral upper extremities. He had difficulty with grip strength after having the carpal tunnel release. In a progress note dated 5/11/15, the treating physician reported the injured worker complained of pain rated as a 5-6/10. The injured worker stated he had used a transcutaneous electrical nerve stimulation unit in the past with significant benefit of his condition and requested a device for home therapy as he felt his carpal tunnel like symptomatology had increased as of late. On exam of bilateral wrists, there were healed scars from prior carpal tunnel release surgery and trigger finger release surgery. There was no atrophy or edema. Range of motion was normal bilaterally. Phalen's and Durkin's signs were positive over the right wrist and mildly provocative over the left wrist for paresthesias, dyesthesias over the media nerve distribution. Work status was to return to work with restrictions. The treatment requested is a transcutaneous electrical nerve stimulation unit and supplies for 6 months rental for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit, and Supplies, 6 months Rental, for Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 3 Initial Approaches to Treatment Page(s): Chp 3 pg 48; Chp 8 pg 181; Chp 11 pg 265, 271; Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one-month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. These criteria have not been well documented for this patient. Specifically, the patient does not have a diagnosis consistent with the MTUS recommendations for trial use of this treatment modality. Additionally, there is no documentation the patient has been treated with and failed other conservative treatments such as physical therapy and/or acupuncture. Presently the patient is functional, that is, he is able to do his activities of daily living (ADLs) so the goals of using this modality of treatment are not clear. At this point in the care of this patient medical necessity for use of TENS has not been medically necessary.