

Case Number:	CM15-0124116		
Date Assigned:	07/08/2015	Date of Injury:	02/27/2012
Decision Date:	08/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 62 year old male, who reported an industrial injury on 2/27/2012. His diagnoses, and or impression, were noted to include: compression and contusion injury to the left hand/wrist, with tenosynovitis, possible carpal tunnel, and impingement on the ulnar nerve, and is status-post multiple surgeries. No current imaging studies were noted. His treatments were noted to include arthrodesis of the left wrist (1/2013), followed by hardware removal (2/11/13); physical therapy; trans-cutaneous electrical stimulation unit therapy; acupuncture; cortisone injection therapy; a panel qualified medical examination in psychology on 2/11/2015; a medical-legal evaluation with multiple supplemental reports, the latest on 5/21/2015; psychological evaluation and treatment; mediation management; and rest from work. The progress notes of 5/26/2015 reported a follow-up evaluation for continued left hand pain and swelling and difficulty using his left hand, for which he takes medications which allow him to function and do activities of daily living. Objective findings were noted to include moderate swelling and erythema about the dominant left hand/wrist that was with reduced range-of-motion in all fingers; left joint line tenderness and reduced sensation; and positive left hand crepitus with bending of left hand and fingers. The impression was for derangement of the joint of forearm; observation and evaluation for unspecified suspected condition; and sprains/strains of wrist. The physician's requests for treatments were noted to include a trans-cutaneous electrical nerve stimulation unit for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase of the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 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 one-month TENS unit trial as outlined above and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested TENS unit is not medically necessary.