

Case Number:	CM15-0171854		
Date Assigned:	09/21/2015	Date of Injury:	02/01/2012
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/01/2015

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: Emergency 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 51 year old male injured worker suffered an industrial injury on 2-1-2012. On 7-7-2015, the treating provider reported intermittent right wrist pain with numbness radiating to the hand with weakness. On exam, the range of motion was decreased and painful with tenderness. On 7-15-2015, the provider reported pain was 7 out of 10 to the right wrist. Prior treatments included paraffin wax, massage, and electrostimulation. The diagnostics included right wrist and right elbow computed tomograph 7-22-2015 and electromyography studies 5-11-2015 consistent with carpal tunnel syndrome and cubital tunnels syndrome. The Utilization Review on 8-4-2015 determined non-certification for Prime dual TENS (transcutaneous electrical nerve stimulation) - EMS (electronic muscle stimulator) unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime dual TENS (transcutaneous electrical nerve stimulation) - EMS (electronic muscle stimulator) unit with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter - Prine Dual Tens/EMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/Hand: TENS (transcutaneous electrical neurostimulation).

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of carpal tunnel pain, which is not an indication. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. ODG does not recommend its use for wrist pathology with no evidence of any benefit. Patient fails multiple criteria for TENS. TENS is not medically necessary.