

Case Number:	CM15-0175218		
Date Assigned:	09/16/2015	Date of Injury:	07/09/2009
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 28 year old female, who sustained an industrial-work injury on 7-9-09. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome on the right with wrist joint inflammation status post carpal tunnel release in July 2010, wrist and hand involvement on the left with probable carpal tunnel findings, discogenic cervical condition with facet inflammation and headache, impingement syndrome of the bilateral shoulders. The medical record dated 3-10-15 the physician indicates that she "has a small transcutaneous electrical nerve stimulation (TENS) unit." Medical records dated (3-10-15 to 7-29-15) indicate that the injured worker complains of bilateral wrist and hand pain with pain that comes and goes with numbness, tingling and weakness. She also has gripping and grasping limitations. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 3-10-15 the injured worker has not returned to work. The physical exam dated 7-29-15 reveals tenderness along the right wrist, pain along the carpal tunnel as well as pain along the carpometacarpal (CMC) joint. The physician indicates that he recommends the transcutaneous electrical nerve stimulation (TENS) with conductive garment for the hand to help reduce her pain in conjunction with exercises. Treatment to date has included pain medication, surgery right wrist, and physical therapy 5 sessions completed to date, wrist support, hot and cold wrap and topical medication. The request for authorization date was 7-29-15 and requested service included Four lead Transcutaneous electrical nerve stimulation (TENS) Unit with Conductive Garment. The original Utilization review dated 8-14-15, non-certified the request as the treatment plan including the short and long term goals of the treatment with the Transcutaneous electrical nerve stimulation (TENS) unit was not included in the medical records and rational for requesting a 4 lead Transcutaneous electrical nerve stimulation (TENS) unit instead of a 2 lead Transcutaneous electrical nerve stimulation (TENS) was not documented therefore, not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS Unit with Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have not been met and the request is not medically necessary.