MAXIMUS Federal Services

Case Number:	CM15-0176124		
Date Assigned:	09/17/2015	Date of Injury:	03/27/2014
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This is a 65 year old male with a date of injury on 3-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome status post release, stenosing tenosynovitis along the first extensor compartment on the left status post release, bilateral wrist joint inflammation and tenosynovitis along the A1 pulley of the right finger on the right. According to the progress report dated 7-30-2015, the injured worker was using a four-lead transcutaneous electrical nerve stimulation (TENS) unit but not using a conductive garment. Numbness was improved in both upper extremities, but he still had element of grip loss. He was dropping things. Per the treating physician (7-30-2015), the employee has not returned to work. The physical exam (7-30-2015) revealed weak grip. Thumb palmar abduction was improved status post Camitz transfer on the right. There was tenderness along the A1 pulley of the long and ring finger. Treatment has included surgery, hand therapy, transcutaneous electrical nerve stimulation (TENS) and medication (Norco). The request for authorization dated7-30-2015 was for DME-Stimulators conductive garment. The original Utilization Review (UR) (8-10-2015) denied a request for DME: Stimulators Conducive Garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulators conductive garment, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS 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. In addition, there must be a 30-day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.