

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0046494 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 08/17/2012 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Texas, California
 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 was a 63 year old female, who sustained an industrial injury, August 17, 2012. The injured worker previously received the following treatments right carpal tunnel surgery, 12 physical therapy visits, TENS (transcutaneous electrical nerve stimulator) unit, random toxicology laboratory testing, Effexor, LidoPro lotion, Terocin Patches, manual therapy, paraffin bath, hot and cold packs. The injured worker was diagnosed with right carpal tunnel surgery, chronic pain syndrome, stenosing tenosynovitis along of the A1 pulley of the right thumb, right long finger and little finger and s/p release on 6/30/14. According to progress note of February 16, 2015, the injured workers chief complaint was radiation of pain from the fingers on the left hand up to the shoulder. The injured worker was having triggering of the index and little finger. The physical exam noted tightness of the flexors of the long fingers and difficulty reaching the palms. Tenderness along the A1 pulley was mildly noted. There was tightness to flexion with no gross triggering at this point. There was tenderness along the carpal tunnel area. The treatment plan included a request for TENS (transcutaneous electrical nerve stimulator) unit pads; two month supply, unspecified quantity on February 16, 2015. The patient sustained the injury when she caught a falling office paper shredder. The patient has had MRI of the cervical spine that revealed foraminal narrowing. The medication list include Trazodone, nalfon and tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment TENS pads; unspecified Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: According the cited guidelines, electrical 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, 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is: There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received 12 PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies is also not established. The medical necessity of the request for Durable Medical Equipment TENS pads; unspecified Quantity is not fully established for this patient. Therefore, the requested treatment is not medically necessary.