

Case Number:	CM15-0065909		
Date Assigned:	04/13/2015	Date of Injury:	06/12/2013
Decision Date:	05/12/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 06/12/2013. She has reported injury to the left wrist. The diagnoses have included left wrist pain; and status post left wrist arthroscopy and partial synovectomy, on 07/30/2014. Treatment to date has included medications, diagnostics, injection, physical therapy, and surgical intervention. Medications have included Ibuprofen and Hydrocodone-Acetaminophen. A progress note from the treating physician, dated 02/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left wrist pain; pain is rated at 2.5/10 on the visual analog scale without medications; and the TENS trial during physical therapy provided moderate relief. Objective findings included tenderness to palpation of the left wrist and some tenderness across the extensor surface to the left forearm; and light touch sensation is decreased over the extensor surface of the left forearm. The treatment plan has included the request for TENS (transcutaneous electrical nerve stimulation) unit with supplies, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies, left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113.

Decision rationale: According to the MTUS, 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: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.