

Case Number:	CM15-0072327		
Date Assigned:	04/22/2015	Date of Injury:	12/10/2012
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female, who sustained an industrial injury on December 10, 2012. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment and diagnostic studies to date have included carpal tunnel release and trigger finger release. A progress note dated February 27, 2015 provides the injured worker complains of wrist pain. She reports she is not attending physical therapy due to being pregnant. She also reports paraffin wax and Transcutaneous Electrical Nerve Stimulation (TENS) unit help her. Physical exam of wrists note healed surgical scars and tenderness on palpation. Tinel's sign is positive. The plan includes Transcutaneous Electrical Nerve Stimulation (TENS) unit and paraffin wax supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) transcutaneous electrical nerve stimulator (TENS) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: This 39 year old female has complained of wrist pain since date of injury 12/10/12. She has been treated with surgery, physical therapy and medications. The current request is for a TENS unit. Per the MTUS guidelines cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not medically necessary.