

Case Number:	CM15-0091760		
Date Assigned:	05/18/2015	Date of Injury:	05/03/2004
Decision Date:	06/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 45 year old female, who sustained an industrial injury on 05/03/2004. She has reported injury to the right upper extremity. The diagnoses have included sprain of wrist; lateral epicondylitis; traumatic arthropathy; and status post ulnar shortening osteoplasty, TFCC (triangular fibrocartilage complex) debridement, and lateral epicondylar debridement, on 09/22/2014. Treatment to date has included medications, diagnostics, splinting, injection, physical therapy, occupational therapy, ergonomic evaluation, and surgical intervention. Medications have included Hydrocodone-acetaminophen, Methocarbamol, and Amitriptyline HCl. A progress note from the treating physician, dated 01/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant functional limitations in her wrist related to loss of supination; difficult time eating and doing some other activities of daily living; elbow pain is improved compared to preoperatively; continued improvement in her wrist with less pain over time and improving motion; and has been using a TENS unit and does have pain relief with the unit. Objective findings included three and a half months status post surgery; mild pain to ulnar carpal compression; slight tenderness over the lateral epicondyle but minimal pain on resisted wrist extension; healing well; still has functional limitations; and a permanent TENS unit would be helpful for pain relief as she has had significant pain relief from this. The treatment plan has included the request for TENS (transcutaneous electrical nerve stimulation) unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand, electrical stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

Decision rationale: The requested TENS unit purchase is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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". The injured worker has significant functional limitations in her wrist related to loss of supination; difficult time eating and doing some other activities of daily living; elbow pain is improved compared to preoperatively; continued improvement in her wrist with less pain over time and improving motion; and has been using a TENS unit and does have pain relief with the unit. Objective findings included three and a half months status post surgery; mild pain to ulnar carpal compression; slight tenderness over the lateral epicondyle but minimal pain on resisted wrist extension; healing well; still has functional limitations; and a permanent TENS unit would be helpful for pain relief as she has had significant pain relief from this. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist or home use. The criteria noted above not having been met, TENS unit purchase is not medically necessary.