

Case Number:	CM15-0098459		
Date Assigned:	05/29/2015	Date of Injury:	08/29/2012
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, who sustained an industrial injury on 8/29/2012. He reported right wrist pain after a motor vehicle accident. The injured worker was diagnosed as having right wrists sprain with midcarpal instability, compensatory second wrist extensor tenosynovitis, status post de Quervains release, right elbow ulnar neuropathy, and possible radial tunnel syndrome, and adjustment disorder with anxiety. Treatment to date has included medications, therapy, bracing, and imaging. The request is for a TENS unit. On 4/3/2015, he complained of increased anxiety over current stressors from medical issues. The treatment plan included therapy. On 4/28/2015, he complained of right wrist pain. He rated his pain as 9/10. The treatment plan included: surgery. On 5/6/2015, he complained of right wrist pain with numbness and tingling and burning in the hand and base of the thumb. He indicated the pain radiates to the elbow. He rated his pain as 9/10. He is not taking medications at this time. Physical examination revealed restricted range of motion with palmar flexion, tenderness at the base of the thumb, wrist and elbow, and a positive Finkelstein's test. The treatment plan included: updated magnetic resonance imaging arthrogram of the hand/wrist, orthopedic evaluation, TENS unit trial, trial of Gralise due to failing Gabapentin, continue bracing and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS, in Shoulder Complaints chapter, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral". In addition and according to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for wrist pain. Therefore, the prescription of TENS unit trial is not medically necessary.