

Case Number:	CM15-0099673		
Date Assigned:	06/02/2015	Date of Injury:	02/25/2014
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation, 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 48 year old male, who sustained an industrial injury on 2/25/2014. Diagnoses include right hand contusion and extensor tendon tear of the right hand. Treatment to date has included medications, trial of transcutaneous electrical nerve stimulation (TENS) unit, diagnostics and physical therapy. Magnetic resonance imaging (MRI) of the right hand dated 3/20/2015 revealed an old fracture deformity, mild degenerative changes, and mild tendinopathy, likely chronic. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker reported right hand pain described as mild and intermittent, and occasionally swells. Physical examination of the right hand revealed non-tenderness to palpation, no swelling today and full range of motion. The plan of care included, and authorization was requested for TENS unit for permanent use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for permanent use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function., Within the documentation available for review, it appears the patient has undergone a tens unit trial, but there is no documentation of specific analgesic efficacy or objective functional improvement as a result of the trial, nor is there any indication as to how frequently the unit is used, the duration of use, or the duration of effect following use. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.