

Case Number:	CM14-0147399		
Date Assigned:	09/15/2014	Date of Injury:	04/17/2013
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year-old male, who sustained an injury on April 17, 2013. The mechanism of injury occurred from repetitive motion. Diagnostics have included: June 19, 2014 x-rays reported as normal. Treatments have included: medications, physical therapy, occupational therapy, and wrist brace. The current diagnoses are: chronic wrist sprain, right thumb extensor tenosynovitis, right elbow strain, chronic right shoulder strain, and cervical strain. The stated purpose of the request for 1 Transcutaneous Electrical Nerve Stimulator (TENS) unit purchase was not noted. The request for 1 Transcutaneous Electrical Nerve Stimulator (TENS) unit purchase was denied on August 21, 2014, citing a lack of documentation of a one-month TENS neither trial nor functional restoration program. Per the report dated August 13, 2014, the treating physician noted complaints of right hand pain, stiffness, weakness and numbness. No exam changes were noted. Per a July 2, 2014 QME report, treatment recommendations included electromyography/nerve conduction velocity (EMG/NCV) right elbow and wrist MRI's, medications,

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transcutaneous Electrical Nerve Stimulator (TENS) unit purchase: 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, Chronic, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: The requested 1 Transcutaneous Electrical Nerve Stimulator (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 right hand pain, stiffness, weakness and numbness. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist or from a one month trial of a TENS unit. The criteria noted above not having been met, 1 Transcutaneous Electrical Nerve Stimulator (TENS) unit purchase is not medically necessary.