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Notice of Independent Review Decision

DATE OF REVIEW: August 26, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

TENS unit E0720

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Fellow American Academy of Physical Medicine and Rehabilitation
Member of PASSOR

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

[ODG has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a woman who first began to have problems on xx/xx/xxxx. Probably related to flipping through paper. She developed bilateral hand pain due to repetitive type of activities.

These symptoms were first documented on xx/xx/xxxx, and an electrodiagnostic study done on xx/xx/xxxx, gave a diagnosis of carpal tunnel syndrome (CTS) on the right. She described similar symptoms on the left including numbness and tingling in the hand and occasional discomfort or pain in the left hand and wrist. She was seen by M.D., for another electrodiagnostic evaluation in October 2005. He noted normal physical findings of the upper extremities. Electromyography/nerve conduction velocity (EMG/NCV) study revealed normal findings and no evidence of median mononeuropathy at the left upper extremity.

In 2006, she came under the care of M.D., for chronic wrist tendinitis and CTS. She was not doing the same job and reported recurrent pain. Ketoprofen was prescribed.

In a yearly follow-up in 2007, Dr. noted episodes of persistent pain within the wrist and tenderness radiating into the hand. Tinel's sign was slightly positive

across the wrist with a painful range of motion (ROM) of the wrist. He obtained another EMG/NCV study which showed mild right CTS and a magnetic resonance imaging (MRI) of the right wrist which showed a 9-mm ganglion cyst proximal to the pisotriquetral joint. Dr. treated her with a kenalog and Xylocaine injection to the wrist.

In 2008, Dr. continued her on medication for the wrist pain.

On July 19, 2011, Dr. noted the patient had a lot of pain in the forearm and weakness of the right hand. Examination of the right wrist showed mild swelling over the volar aspect. He diagnosed CTS and prescribed Voltaren gel and Naprelan as well as a transcutaneous electrical nerve stimulation (TENS) unit.

On July 25, 2011, D.O., denied the request for the TENS unit for the following reason: *“The patient sustained injury on xx/xx/xxxx. As per medical note dated July 19, 2011, the patient complains of pain of the forearm and weakness of the right hand. Physical exam revealed tenderness and swelling in the right wrist. There is normal range of motion, normal muscle tone and normal sensation. There are no objective measures of pain relief and increased functional response afforded by rendered modalities of conservative treatment. Treatment goals for the requested TENS unit are not specified. Guidelines do not recommend use of TENS for carpal tunnel syndrome. The medical necessity of the requested unit is not determined at this time.”*

On August 2, 2011, appeal for the request for the TENS unit was again non-certified by M.D., for following reason: *“As per medical note dated July 19, 2011, the patient complains of pain on the forearm and weakness of the right hand. Physical exam revealed tenderness and swelling in the right wrist. There is normal range of motion, normal muscle tone and normal sensation. Documentation indicates that the patient received physical therapy in 2005. There is no indication that the patient has recently received modalities of conservative treatment except for pharmacotherapy. There are still no objective measures of pain relief and increased functional response afforded by rendered modalities of conservative treatment. Treatment goals for the requested TENS unit are still not specified. The medical necessity of the requested unit remains undetermined at this time.”*

On August 9, 2011, Dr. noted constant pain in both the forearms and no strength. Examination continued to show mild tenderness over the volar aspect. He prescribed Pennsaid 1.5% solution and continued the patient at regular duty.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Injured worker has undergone conservative based treatment for RUE complaints for reported findings of CTS and ganglionic cyst per MRI. Injured worker is currently working full duty. No recent reports of injured worker maintaining a daily HEP to optimize conservative based treatment. There is no report regarding measured functional gains directly attributed to the use of a TENS units to support over riding the ODG guidelines of which does not support the use of this modality

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**