

<b>Case Number:</b>	CM13-0004420		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/08/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 Occupational 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:

Injured worker is a female with date of injury May 8, 2011. Per hand surgeon progress report dated April 18, 2013, the injured worker is three days status post right wrist arthroscopic treatment. She returned early due to swelling and pain. She did have the bandage loosened with improvements. She denies any significant tingling or numbness. On exam her right upper extremity reveals well healed arthroscopic portal sites dorsal aspect of the wrist. There is no evidence of infection. There is mild swelling, supple motion of all joints, intact motor, sensory and vascular function. Diagnosis is right hand and wrist pain and numbness, rule out carpal tunnel syndrome versus cervical radiculopathy, status post right wrist arthroscopic debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month rental of an ART (advanced rehabilitation technologies) stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The use of TENS (transcutaneous electrical nerve stimulation) for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-

month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for one month rental of anART stimulator is not medically necessary or appropriate.

**Electrodes for right wrist sprain:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.