

<b>Case Number:</b>	CM13-0010988		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 31-year-old male who was reportedly injured on January 5, 2011. The mechanism of injury was not noted in these records reviewed. The most recent progress note, dated May 16, 2014 indicated that there were ongoing complaints of sharp right wrist pain with heavy lifting. No hand pain. The claimant's elbow pain had resolved, and the injured employee admits to occasional neck pain. The physical examination demonstrated a well healed non-adherent dorsal scar, with full range of motion of the wrist. The Watson's maneuver was negative. The grip strength diminished on the right. The neck and shoulder exam were normal. The diagnostic imaging of the right wrist, magnetic resonance image dated September 13, 2012, reported tenosynovitis of fourth compartment and degenerative change of the scaphotrapeziotrapezoid joint. The previous treatment included splinting, several surgeries to the right wrist and oral medication. A request had been made for transcutaneous electrical nerve stimulation unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment TENS (or equivalent) rental, right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113-116.

**Decision rationale:** Based on the guidelines, a transcutaneous electrical nerve stimulation unit is used for intractable pain lasting longer than three months and other ongoing documentation noting adjunct therapy as well as other modalities had failed. There was lack of documentation that the claimant has had occupational therapy, and no specific goals of treatment were noted for the use of unit. Therefore, the durable medical equipment TENS (or equivalent) rental for the right wrist is not medically necessary.