

<b>Case Number:</b>	CM13-0023389		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	09/18/2000
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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 patient is a 44-year-old female who reported an injury on 09/18/2000. According to the documentation, the patient was injured due to overuse of her upper extremity while typing on a keyboard. The patient stated she has pain mostly in the left shoulder with pain over the left forearm. She noted that she gets knots in the left forearm and to the back of the wrist. She also stated that she gets numbness in the left hand. Her pain was noted as being present about 40% of the time with symptoms flaring up with overuse. She occasionally wakes up at night with numbness and usually wears a wrist brace and was utilizing the medications Motrin and Valium. On her examination, there were no obvious signs of atrophy; but some mild soft tissue fullness, and tenderness over the right trapezius, into the right side of the neck, tenderness over the left lateral epicondyle, and over the dorsal of the left wrist. She was also noted as having nodular densities in the left. The patient did have full range of motion in the shoulders, elbows, wrists, and digits as well as intact sensory. Diagnostic studies were noted as Adson's being negative, Phalen's did elicit pain in the left wrist, and the Tinel's was also negative. According to the most recent clinical notes, dated 06/26/2013, the patient received a TENS unit which had helped her in the past. She was also utilizing a new wrist splint; but still had some intermittent numbness. Diagnostic studies were unchanged, though sensory was noted to have reportedly decreased over the fingertips of the left hand as compared to the right. The diagnostic impression on that date was myofascial pain syndrome, lateral epicondylitis, and overuse syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing use of TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transcutaneous electrical stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-115.

**Decision rationale:** According to California MTUS, a TENS unit which is used for chronic pain is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The clinical documentation noted the patient has already utilized a TENS unit for 30 days and did not provide adequate, objective measurements to state the efficacy of the equipment. Furthermore, there is no other documentation providing information that the patient has utilized any additional conservative treatments other than oral medication. As such, the requested service is not considered medically necessary at this time. The request is non-certified.