

<b>Case Number:</b>	CM13-0032380		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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:

According to the records made available for review, this is a 53-year-old female with a 2/19/13 date of injury. At the time (9/13/13) of request for authorization for Neurostimulator TENS/EMS unit, there is documentation of subjective (right hand/wrist pain and swelling) and objective (positive Tinel's and Phalen's right wrist, and decreased range of motion right wrist) findings, imaging findings (MRI right hand (6/6/13) report revealed carpal joint effusion and minimal degeneration of the first MCP joint), current diagnosis (right wrist strain/sprain), and treatment to date (medications and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROSTIMULATOR TENS/EMS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 31, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS).

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines identifies that physical modalities, such as transcutaneous electrical nerve stimulation

(TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation (ICS), Microcurrent electrical stimulation (MENS devices), and Neuromuscular electrical stimulation (NMES devices) are not recommended. The request for a neurostimulator TENS/EMS unit is not medically necessary or appropriate.