

<b>Case Number:</b>	CM13-0048584		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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:

This is a 55 year old female patient s/p injury 6/15/13. 9/27/13 progress note indicated that the patient has pain in the right wrist with rotation. She has poor extension. She has been treated with medications, activity modifications, physical therapy. Right wrist arthrogram 10/10/13 demonstrated evidence of a comminuted non displaced intraarticular fracture of the distal radius. There is documentation of a 10/15/13 adverse determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH RENTAL OF A TENS UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG -Work Loss Data Institute Section; Pain, Forearm Wrist & Hand (Acute & Chronic)

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

**Decision rationale:** The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of

at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, there is no clear indication that other pain modalities have been tried and failed. There is no clear discussion of intended parameters of use and a description of long and short term goals. The request for one month rental of a TENS unit is not medically necessary.