MAXIMUS Federal Services

| Case Number: | CM14-0007929 | | |
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| Date Assigned: | 02/07/2014 | Date of Injury: | 06/07/2011 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/17/2014 |

## 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 59-year-old female with a 6/7/11 date of injury. The patient was seen on 12/9/13 with complaints of pain in the first carpometacarpal (CMC) joint of the right thumb and achy left finders. Her swelling is noted to have improved and she is noted to be wearing a thumb spica splint, as well as taking Meloxicam and has had 4 sessions of physical therapy which has "helped a lot" Exam findings revealed tenderness over the 1st CMC bilaterally right greater than left. Range of motion was normal with pain on movement. Her diagnosis is osteoarthritis (OA) of the first CMC joints bilaterally. She was noted to be made permanent and stationary (P&S) on 10/2/11. The patient is noted to have used a TENS unit in her physical therapy which mitigated her pain.The request received an adverse determination from a UR decision dated 12/16/13 given the patient had not had a 30 day trial of a TENS unit, as well as no high grade evidence to support its efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE FOR BILATERAL HANDS:** 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 TENS Page(s): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. There is no evidence the patient has had a 30 day trial of a TENS unit to establish efficacy. There are no physical therapy notes available for review which describe functional gains or decreased pain with use of TENS unit. As such, the request for a TENS unit was not medically necessary.