

<b>Case Number:</b>	CM14-0105397		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/09/1999
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 58 year old female who reported an injury on 07/09/1999 with an unknown mechanism of injury. The injured worker was diagnosed with right trigger thumb. The injured worker was treated with injections. The injured worker's medical records did not indicate diagnostic studies or surgical history. On the clinical note dated 05/28/2014 which was handwritten and illegible, the injured worker complained of right trigger thumb with 50% improvement from injections on 05/19/2014. The injured worker had negative tinels, phalen's, and finkelstein's to the right wrist/ thumb and tenderness to palpitation. Active range of motion showed flexion and extension to 54 degrees. The injured worker's medication regimen was not included within the medical records. The treatment plan was for one TENS unit. The rationale for the request was to manage pain, relax muscles, reduce swelling, increase circulation, and increase range of motion. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation);. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic)

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

**Decision rationale:** The request for one TENS unit is not medically necessary. The injured worker is diagnosed with right trigger thumb. The injured worker complains of right trigger thumb with 50% improvement from injections on 05/19/2014. The California MTUS guidelines do not recommend as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The medical records must have documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. There should be evidence of 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; rental would be preferred over purchase during this trial. The injured worker's medical records lack documentation of an adjunct program of functional restoration and evidence of other pain modalities failing. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain for the at least three months. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation indicating how often the unit was used and whether the injured worker had significant objective functional improvement and reduction of medication use with the unit. Additionally, the request does not indicate the application site. As such, the request for one TENS unit is not medically necessary.