

<b>Case Number:</b>	CM14-0010827		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Interventional Spine, 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:

The patient is a 41-year-old female with a date of injury of 06/15/2000. The listed diagnoses per the provider are: cubital tunnel syndrome, and carpal tunnel syndrome. According to report dated 01/30/2014 by the provider, the patient presents with continued right wrist pain that is "getting worse." There is more numbness and pain now. The treating provider reports there are worsening pain in the right hand and fingers since 08/22/2013. The treating provider states patient is not able to take non-steroidal anti-inflammatory drug (NSAID) secondary to her gastric bypass surgery. She has not been able to trial a transcutaneous electrical nerve stimulation (TENS) unit because she has not been able to see her therapist. The treating provider states, "We are trying to stop the worsening of her symptoms in both carpal tunnel syndrome and cubital tunnel syndrome by using all nonsurgical options in trying to avoid additional surgery in the future." The recommendation is for physical therapy for desensitization and swelling control, TENS unit, and a splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous electrical nerve stimulation Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy and TENS, chronic pain transcutaneous electrical nerve stimulation.

**Decision rationale:** This patient presents with continued wrist pain. The treating provider is requesting a transcutaneous electrical nerve stimulation (TENS) unit. Per MTUS Guidelines, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple scoliosis. In this case, recommendation is for denial as this patient does not present with any of the diagnosis that MTUS allows for a trial of a TENS unit. Furthermore, when the TENS unit is indicated, a trial of 30 days is recommended before further use can be considered. The recommendation is for denial.