

<b>Case Number:</b>	CM14-0117184		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 and is licensed to practice in Nevada. 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 56-year-old female who was reportedly injured on 7/28/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/17/2014, indicated that there were ongoing complaints of left wrist pain. The physical examination demonstrated on the left wrist the claimant was close to full extension of the wrists and flexion as well. Sensation to light touch was intact. Positive swelling over the distal wrist. Some decreased grip strength on the left. No recent diagnostic studies are available for review. Previous treatment included physical therapy #10 sessions, transcutaneous electrical nerve stimulation unit, left wrist arthroscopy, and medications. A request was made for transcutaneous electrical nerve stimulation unit trial for three months and was denied in the pre-authorization process on 7/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electric nerve stimulation) unit trial x 3 months, left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is documentation of a previous trial with stated benefit; however, there is no link to the time documented of use. Furthermore, the CAMTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is not medically necessary and appropriate.