

<b>Case Number:</b>	CM14-0120926		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 42 year old female with date of injury 2/22/11. The treating physician report dated 6/19/14 indicates that the patient presents with wrist pain going up to the right shoulder that is constant and rated a 10/10 with tingling. The treating physician notes that the patient uses her TENS every day, Paraffin bath is helpful, oral meds relieve pain 50% and the patient is performing a home exercise program. The physical examination findings reveal decreased sensation of the right upper extremity. Electrodiagnostic testing dated 9/28/12 states that the patient has C7 radiculopathy. The current diagnoses are: 1. S/S elbow 2. Right wrist pain with ganglion tear 3. Overuse syndrome 4. De Quervain's Tenosynovitis 5. Chronic pain syndrome 6. Pain in joint, upper arm. The utilization review report dated 7/14/14 recommended certification for the request for Tens patch times 2 pairs based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patch times 2 pairs:** Overturned

**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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The patient presents with chronic pain affecting the right upper extremity and right shoulder that is constant and rated a 10/10. The current request is for TENs patch times 2 pairs. The treating physician report dated 6/19/14 states that the patient uses her TENs unit on a daily basis and is able to perform her home exercise program as a result. The MTUS guidelines support the usage of a TENs unit for the treatment of chronic intractable pain caused by neuropathic pain, diabetic neuropathy, CRPS II, Spinal cord injury and MS. MTUS page 8 requires the ongoing monitoring of treatment and continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. In this case the treating physician has documented the ongoing usage of the prescribed TENs unit and the treater notes that the patient as able to perform her home exercise program as a result. The ongoing need for replacement pads is justified since there is documentation that the TENs unit is providing functional benefit for the patient. The request is medically necessary.