

<b>Case Number:</b>	CM14-0130004		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Illinois. 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 33-year-old female who reported an injury on 04/04/2014 due to cutting a wooden rod base with an electric saw on a cutting table, when the piece of wood got caught in the saw disc, the wood came out, and the saw ricocheted, causing her hand to jerk upwards against the saw blade. The injured worker had a history of right hand/finger pain. The injured worker had a diagnoses of open wound of the hand and pain in joint in the hand. The diagnostics included a right hand x-ray. Past treatments included medication. Prior surgeries included a nerve and tendon repair. The objective findings dated 05/07/2014 to the right wrist, hand and fingers revealed pain to the right wrist/hand, mainly the metacarpal and middle fingers, associated with numbness and tingling, with noted swelling. Pain increased with repetitive flexion, grasping, gripping, pushing, pulling, and opening charger bottles. The injured worker presented with Complaints of loss of grip strength and loss of sensation, with pain noted at 8/10 at best and 9/10 at worst. The medication included Norco. The treatment plan included medication, ortho consult and psychologist. The Request for Authorization was not submitted with documentation. The rationale for the TENS unit was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator TENS-EMS 2 month supply (electrodes, batteries, lead wires): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-116, 121.

**Decision rationale:** The request for Neurostimulator TENS-EMS 2 month supply electrodes, batteries, lead wires is not medically necessary. The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. Per progressiveorthopedicsolutions.com the Pro Tech multi stim unit includes, TENS, NMES/EMS, and MS therapies into one unit. The guidelines recommend a 1 month trial of a TENS unit. The clinical notes were not evident that the injured worker had a 1 month trial. Documentation also indicated that the PT/acupuncture was helping the injured worker. As such, the request is not medically necessary.