

<b>Case Number:</b>	CM14-0130106		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/29/2014
<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, 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 male with date of injury 9/27/11. The treating physician report dated 7/11/14 indicates that the patient presents with chronic pain affecting the left scapholunate ligament following failed reconstructive surgery with infection. The physical examination findings reveal slightly improved thumb position with ongoing 80% of the motion with comparison to his right uninjured side, with some mild fullness through the wrist. The current diagnoses are: 1.Chronic scapholunate ligament disruption2.Wrist infection post reconstructive surgeryThe utilization review report dated 7/29/14 denied the request for purchase of a 4 lead digital TENS devise 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:

**Purchase 4 lead digital TENS device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient presents with chronic pain affecting the left scapholunate region. The current request is for Purchase of a 4 lead digital TENS device. The treating physician states

in his report dated 7/11/14, "He notes that while TENS unit was somewhat distracting, it did not help in the long run with regard to his discomfort. He is wondering whether an H-Wave unit might be more helpful for him. We will put in a request for an H-Wave unit." There is a report signed by the treating physician dated 6/18/14 that recommends purchase of a home TENS device that is to be used daily for one hour. The MTUS Guidelines do support a trial of TENS. The criteria for the use of TENS states that there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The treater in this case has documented that the patient did not improve with the previous trial of a TENS unit and in fact the treater was in the process of prescribing an H-Wave trial. The request is not medically necessary.