

<b>Case Number:</b>	CM14-0139124		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management: 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:

According to the records made available for review, this is a 60-year-old female with a 6/14/10 date of injury. At the time (7/23/14) of request for authorization for TENS unit, there is documentation of subjective (chronic intractable right wrist pain) and objective (right wrist full range of motion with pain elicited on flexion and extension, tenderness to palpation over the mid palmar aspect and near the radial styloid region of the right wrist) findings, current diagnoses (wrist strain and cervical strain), and treatment to date (wrist splint, exercise, topical ointment, and oral pain medications). Medical report identifies a request to purchase a TENS unit to promote conservative treatment (physical therapy) with goals of improving functional restoration, reducing pain, increasing range of motion, reducing need for medications, and decreasing number of flare-ups of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of wrist strain and cervical strain. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. Furthermore, given documentation of a request for TENS unit to promote conservative treatment (physical therapy) with goals of improving functional restoration, reducing pain, increasing range of motion, reducing need for medications, and decreasing number of flare-ups of symptoms, there is documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, given documentation of a request to purchase the TENS unit, the proposed duration of therapy exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.