

<b>Case Number:</b>	CM14-0139466		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 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:

This patient sustained an injury on 6/5/12 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include TENS Unit x30 days. Report of 11/11/13 from the provider noted the patient with right hand/wrist pain at a1 pulley of 3rd digit; back pain radiating to left buttock with positive SLR on exam; otherwise, without neurological deficits documented. The patient had steroid injection of a1 pulley. Report of 7/21/14 from the provider noted patient with continued symptomatic right hand/wrist pain despite recent injections into right middle finger flexor tendon sheath. Exam showed full wrist motion; tenderness over ECU tendon, over fibrocartilage; middle finger flexor pulley and triggering with right middle finger flexion; otherwise with full hand motion and normal sensibility and circulation. Diagnoses included right middle trigger finger and 4th extensor compartment and ECU tenosynovitis. Treatment included steroid injections, splinting, therapy, and rest with chronic symptoms. The patient remained off work pending surgery. The patient was certified for right wrist arthroscopy with Eval and debridement of TFCC (Triangular Fibrocartilage Complex)/right middle trigger finger with post-op PT of 12 visits on 8/18/14. The request(s) for TENS Unit x30 days was non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit x30 days:** 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 Electrotherapy, TENS for chronic pain, Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics, physical therapy, and activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment trial already rendered for this 2012 chronic injury. The TENS Unit x30 days is not medically necessary.