

<b>Case Number:</b>	CM14-0175333		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 62 years old male who sustained an industrial injury on 10/13/13 when a cart with towels inside had to be lifted with strain to his wrist. The visit note from 04/10/14 was reviewed. Subjective complaints included severe left hand pain radiating into the left elbow accompanied by tingling, burning sensations and weakness. The pain was worse with holding objects, pushing, pulling and firm/light gripping. His pain was well controlled with his medications. Pertinent examination findings included tenderness over the left medial epicondyle, limited range of motion of elbow and forearm, tenderness to palpation over the left thenar eminence and left carpal bones with limited range of motion of left wrist and hand. He had positive Tinel's sign and Finkelstein sign on left. The diagnoses included left hand sprain/strain, clinical carpal tunnel syndrome, left ulnar neuritis, left ulnar neuropathy and left medial epicondylitis. His medications included Naproxen, Tramadol and Gabapentin. The plan of care included physical therapy and EMG/NCV. He had 15 visits of physical therapy with the last one on 03/27/14. The request was for TENS unit rental for a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 1 month rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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

**Decision rationale:** The employee was a 62 year old male who sustained an industrial injury on 10/13/13 when a cart with towels inside had to be lifted with strain to his wrist. The visit note from 04/10/14 was reviewed. Subjective complaints included severe left hand pain radiating into the left elbow accompanied by tingling, burning sensations and weakness. The pain was worse with holding objects, pushing, pulling and firm/light gripping. His pain was well controlled with his medications. Pertinent examination findings included tenderness over the left medial epicondyle, limited range of motion of elbow and forearm, tenderness to palpation over the left thenar eminence and left carpal bones with limited range of motion of left wrist and hand. He had positive Tinel's sign and Finkelstein sign on left. The diagnoses included left hand sprain/strain, clinical carpal tunnel syndrome, left ulnar neuritis, left ulnar neuropathy and left medial epicondylitis. His medications included Naproxen, Tramadol and Gabapentin. The plan of care included physical therapy and EMG/NCV. He had 15 visits of physical therapy with the last one on 03/27/14. The request was for TENS unit rental for a month. The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for atleast three months duration. The guidelines recommend a one month trial of TENS unit before a purchase is requested. Given the ongoing pain despite medications and physical therapy, the request for TENS unit trial for a month is medically necessary and appropriate. The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for atleast three months duration. The guidelines recommend a one month trial of TENS unit before a purchase is requested. Given the ongoing pain despite medications and physical therapy, the request for TENS unit trial for a month is medically necessary and appropriate.