

<b>Case Number:</b>	CM14-0024986		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine & 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:

The injured worker is a 47 old female who reported and injury on 04/11/2012. The injured worker had a history of right wrist discomfort. Examination on 01/30/2014, the injured worker had no complaints. The injured worker stated the pain had completely resolved with the use of a TENS unit, helped tremendously. The injured worker stated the throbbing, shooting, sharp pain that was in the wrist and hand and numbness and tingling have completely resolved and that the pain had resolved. Exam of the right wrist thumb, and finger are negative. Upon examination on 04/24/2014, the injured worker had pain in the right wrist which was mild, throbbing, sharp and episodic type pain with more pain when active. The injured worker states that using a TENS unit truly helps the pain a lot. The injured worker state the pain has not completely resolved since 04/11/2012. Exam of the right wrist revealed negative medial nerve compression test, negative Tinel's sign, negative Phalen's test, negative Finkelstein's test, and negative first CMC grind test. The right wrist is symmetric with TENS, chronic pain (transcutaneous electrical nerve stimulation) the left wrist with no edema. Range of motion to the right wrist is unrestricted. Flexion 60 degrees, extension 60 degrees, radial deviation 20 degrees, and ulnar was 30 degrees. The thumb range of motion was unrestricted. CT scan on 08/09/2013 of the upper extremity without contrast and 3D recon of the right wrist impression was no acute osseous abnormality and distal scaphoid pole focal cortical disruption with well-defined subchondral cyst, suspect sequelae of remote injury. The medications were not in the documentation. The treatment plan is for continue home therapy program and have a TENS unit purchased. The request for authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) FOR RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY.

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

**Decision rationale:** The request for purchase of transcutaneous electrical nerve stimulator (TENS) for the right wrist is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was documentation of pain for at least three months duration. There was evidence that other appropriate pain modalities have been tried and failed. The injured worker stated that the pain was completely resolved on 01/30/2014. The injured worker states on 04/24/2014 that the pain had not completely resolved since 04/11/2012. The injured worker did receive a one-month trial period of the TENS unit, however there is lack of documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There is lack of documentation of any other ongoing pain treatment. As such, the request is not medically necessary.