

<b>Case Number:</b>	CM14-0036971		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Illinois. 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 38-year-old female with a reported date of injury on 01/03/2014. The mechanism of injury reportedly occurred when a foot board fell on the worker's hand while performing duties as a housekeeper. The injured worker presented with pain to the left hand, rated at 9/10. The X-rays of the left hand dated 01/03/2014 revealed normal mineralization, joint space intact and no definite bony fractures. Upon physical examination, the left hand digits and nails all appear normal, hand and grip strength was normal and light touch sensation was intact. There was noted weakness in the left hand. Previous physical therapy and conservative care was not provided within the documentation provided for review. The injured worker's diagnosis included a left hand contusion injury. The injured worker's medication regimen included Norco. The Request for Authorization for a transcutaneous electrical nerve stimulatio (TENS) unit trial rental for one month and Comfort Cool wide wrist strap was submitted on 03/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Trial Rental For One Month:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend a TENS unit 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, for the following conditions: home based treatment trial of one month may be appropriate for neuropathic pain and complex regional pain syndrome (CRPS), neuropathy and post herpetic neuralgia, spasticity and multiple sclerosis. The clinical information provided for review lacks documentation related to previous physical therapy and/or the use of physical therapy in correlation with the TENS unit. In addition, the rationale for the request was not provided within the documentation available for review, and failed to provide the frequency and specific site at which the TENS unit is to be utilized. Therefore, the request is not medically necessary.