

<b>Case Number:</b>	CM14-0038451		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 51-year-old male with an 11/17/13 date of injury. At the time (2/14/14) of request for authorization for DME transcutaneous electrical nerve stimulation (TENS) Unit, there is documentation of subjective (intermittent sharp pain over the entire right wrist and the base of the right thumb, rated as a 6 out of 10, increasing pain with repetitive movements) and objective (right wrist cyst measuring 2 x 1.5cm in the radial region of the right wrist with tenderness to palpation over the entire wrist and base of the right thumb, and decreased range of motion) findings, current diagnoses (right wrist sprain/strain and right wrist ganglion cyst), and treatment to date (medications and right wrist brace). In addition, medical report plan identifies TENS unit in conjunction with home exercise program and physical therapy to increase range of motion and function. There is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Tens Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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, 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 right wrist sprain/strain and right wrist ganglion cyst. In addition, there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. However, there is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for DME Tens Unit is not medically necessary.