

<b>Case Number:</b>	CM14-0040616		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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:

The injured worker is a 30-year-old female who was injured on 04/13/10 while holding a child's hand; the child fell to the floor causing her right wrist to wrench and twist and strain her right shoulder. A right wrist MRI obtained on 9/24/10 was normal. MRI of the right shoulder and cervical spine on 3/28/11 were normal. X-rays of the cervical spine on 8/15/11 were unremarkable. An nerve conduction velocity (NCV) study on 8/15/11 showed mild changes of denervation and re-innervation in the ulnar region consistent with cubital tunnel syndrome. Prior treatment included splint, heat/ice, medications, physical therapy (temporary relief), home exercise program (HEP) and activity modification. In a follow-up on 02/14/14, the patient complained of right shoulder pain (6/10), cervical pain (5/10) right greater than left, and right elbow pain (5/10). Examination showed tenderness over right shoulder and cervical spine, limited ROM with pain and spasm of the deltoid and cervical trapezius muscles. The diagnoses were cervical and right shoulder pain, rule out right upper extremity compression neuropathy/brachial plexus neuropathy, cervical radicular component. The plan included physical therapy for right upper extremity and a trial of Transcutaneous Electrical Nerve Stimulation (TENS) unit for 30 days. The request for 30-day trial of the TENS unit was denied on 3/6/14 as the patient was responding well to medications with increased functionality. There was no mention of inadequate relief or insufficient functional improvement with the present pain modalities that would justify the adjunctive use of the TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 days trial of Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 114-116.

**Decision rationale:** According to the CA MTUS Guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial, which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit. Furthermore, the plan included physical therapy of the right upper extremity. However, there is no documentation of failure of physical therapy or medication management to justify the need for TENS as an adjuvant therapy. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request is not medically necessary.