

<b>Case Number:</b>	CM14-0055235		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Connecticut. 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:

After careful review of the medical records, this is a 61-year-old male with complaints of bilateral upper extremity symptoms. The date of injury is 03/08/13 and the mechanism of injury was not documented. At the time of request for TENS/EMS Unit x 6 months, and two months supplies - wrist, there are subjective complaints (no improvement in wrist and hand symptoms, working with modified restrictions in the BUEs including 5 lbs. restriction with no continuous, prolonged or repetitive pushing, pulling, gripping, grasping, carrying, or lifting), objective (bilateral wrist exam revealed tenderness, positive Phalen's, median nerve compression and Finkelstein sign with satisfactory ROM in the digits. ROM indicated dorsiflexion at 50/50, palmar flexion at 45/50, radial deviation at 20/20, ulnar deviation at 30/30 and pronation at 80/80; flexor/extensor compartment, carpal canal and first dorsal compartment. Decreased sensation in the median nerve distribution.), findings, imaging/other findings (none documented), current medications (Tramadol), diagnoses (status post De Quervain's release in 2011, left wrist CTS and tendinitis, left thumb basal joint and early DJD, Right wrist CTS and tendinitis, De Quervain's tenosynovitis, and right thumb basal joint early DJD.), treatment to date (extensive PT for chronic condition - no benefits noted from PT, soft tissue modalities, exercise, participation in activity as tolerated and appropriate and judicious use of medications). The request for TENS/EMS Unit x 6 months, and two months supplies - wrist: was denied on 04/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS Unit x 6 months, and two months supplies - wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Transcutaneous electrical stimulation(TENS)

**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 knee osteoarthritis. Additionally, ODG criteria states that TENS can be used for chronic intractable pain if there is evidence that other pain modalities have been tried and failed, including medications. In this case, there is no documentation of any adjunct therapy. Furthermore, the request is for 6 months trial which exceeds the guidelines. Therefore, based on the CA MTUS guidelines as well as the clinical documentation, the request for TENS/EMS Unit for six months and two month supplies for the wrist are not medically necessary.