

<b>Case Number:</b>	CM14-0087674		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 42-year-old female who sustained a work related injury on Oct 2, 2012 when she lifted a 30 pound tool box and felt a 'pop' in her right wrist and instantaneous pain. Since then she has had a complaint of right wrist pain. On July 22, 2013 she underwent a right wrist arthroscopy with intra-articular debridement of a partial triangular fibrocartilage tear that was ultimately not found beneficial. Based upon the single PR-2 submitted for review, dated Sept 25, 2013, the patient continues to complain of right wrist pain that is constant in presentation and sharp in character that radiates into her hand and fingers and into her right elbow and shoulder. Her pain is worsened with turning or twisting her hand, attempting a firm grip, grasping, pushing, pulling, lifting or carrying. She experiences numbness / tingling and weakness of her hand and fingers. The pain wakes her from her sleep from time to time and is 6-7/10 on the visual analog scale (VAS) scale. Exam reveals tenderness along the volar aspect of the right wrist with appreciable decreased range of motion bilateral wrists when compared to normal. Only neurological exam documented is +2 reflexes of bilateral upper extremities. In dispute is a decision for Durable Medical Equipment mi (TENS unit).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment mi (TENS Unit):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENT Page(s): 114-115.

**Decision rationale:** TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Based upon the provided information, the patient does not meet criteria for use of a home TENS unit as no other adjunctive treatment is sought in conjunction, such as a functional restoration program or physical therapy. As such, the request is not medically necessary.