

<b>Case Number:</b>	CM13-0067659		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/06/1994
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 57 year old female with a 12/06/1994 date of injury. The mechanism of the injury is unknown based on the provided records. Her diagnoses include right elbow, wrist and hand pain. Prior treatment has included surgery to the right wrist, base of thumb somewhere around 1997 (according to the patients letter provided). Conservatively she has been treated with hot and cold modalities (performed currently), multiple injections to the base of the right thumb, braces, medications and a TENS unit. EMG/NCV performed 12/13/2013 revealed no evidence of compression neuropathy of the median nerve at the wrist bilaterally or ulnar nerve at the wrist or elbow. PR dated 11/08/2013 reported the patient to have daily pain in both wrist and right elbow rated at an 8/10 on the pain scale without Vicodin. The Vicodin reportedly helps decrease her pain level, allowing her to be more functional. She has spasms in the right wrist and elbow and daily numbness and tingling in the right hand and wrist. She still manages to work full time. Objective findings show bilateral wrist and hand range of motion to be satisfactory, although with some stiffness and pain. The treating provider has requested the purchase of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PURCHASE OF A TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

**Decision rationale:** According to the CPMTG, TENS use for chronic pain is not recommended as a primary treatment modality. Criteria for use of TENS include evidence that other appropriate pain modalities have been tried (including medication) and failed. Documentation should include how often the unit was used, as well as the outcomes in terms of pain relief and function. The medical records document the patient had a TENS unit in the past but failed to document the frequency of use and overall outcome after using the unit. Further, the patient appears to be managing her pain with other modalities (Vicodin) as documented in the 03/26/2013, 07/03/2013, 09/06/2013 and 11/08/2013 progress reports. Her medication regimen was documented as allowing her to be more functional. Based on the lack of documentation showing improvement with the patients TENS unit use in the past as well as the other documented pain modalities which the patient is claiming to work, the medical necessity has not been established to purchase a TENS unit. The requested item is not medically necessary.