

<b>Case Number:</b>	CM14-0198709		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/10/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Internal Medicine, has a subspecialty in Internal Medicine 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 (IW) is a 42-year-old man with a date of injury of September 10, 2007. The mechanism of injury was not documented in the medical record. The current diagnoses are right carpal tunnel syndrome; right lateral epicondylitis; and paresthesia of the ulnar border of the right small finger. The injured worker's history is significant for status post severe lacerations of the right hand. Pursuant to the progress note dated October 23, 2014, the IW complains of 5/10 right hand pain and numbness aggravated by gripping and grasping. The pain was noted to decrease to 1-2/10 with medications and increase to 8/10 without medications. Current medications include Norco 10/325mg and Motrin 800mg. The IW had been using a TENS unit which was recently broken. He was using the TENS unit for approximately 5 years, which was noted to be helpful. However, there was no objective documentation of functional improvement resulting from the previous use of TENS unit in terms of pain relief, decreased medication intake, and increased hand strength. Physical examination revealed decreased flexion and extension of the right little finger. There was full active range of motion (ROM) of the right wrist. Decreased sensation was noted over the ulnar aspect of the right hand, involving the ulnar border of the right hand, ring, and little fingers. The current request is for TENS unit, right hand. Long-term and short-term goals of use for this unit were not provided for this review. The intended frequency and duration of use were not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand /Pain Sections, TENS

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit the right hand is not medically necessary. The ODG under the Forearm, Wrist and Hand section states TENS is not recommended. Transcutaneous electrical neuro stimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist or forearm symptoms are commonly used in physical therapy. There are conflicting effects of TENS on pain outcomes in patients without rights in the hand. Tens is not recommended as a primary treatment modality, while one month home-based TENS trial may be considered as a noninvasive conservative option. The ODG enumerate the criteria for the use of TENS. The criteria include, but are not limited to, continued TENS treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit from the continuous use of the unit over a long period of time. See guidelines for specific details and criteria. In this case, the injured worker had a TENS unit which was broken. The injured worker's working diagnoses are status post severe lacerations to the right-hand; right carpal tunnel syndrome; paresthesia ulnar border of the right small finger; and right lateral epicondylitis. The ODG does not recommend TENS under the Forearm, Wrist and Hand section. The injured worker reportedly used a TENS unit for approximately 5 years which provided subjective relief. However, the documentation in the medical record does not contain evidence of objective functional improvement with the ongoing use of TENS. There was no documentation of decreased pain relief, decreased medication intake, increased hand strength. There were no short-term or long-term goals for use documented at the time of the TENS request. Consequently, absent the appropriate clinical documentation and evidence of objective functional improvement with tens use over a five-year period, TENS unit for the right hand is not medically necessary.