

<b>Case Number:</b>	CM14-0209553		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old male sustained work related industrial injuries on March 17, 2013. The mechanism of injury involved laceration to his left thumb while opening a box with a box cutter. The injured worker subsequently complained of left hand and shoulder pain. The injured worker was diagnosed and treated for left thumb laceration and right shoulder compensatory pain. Treatment consisted of prescribed medications, urine drug screen, home exercise therapy, consultation and periodic follow up visits. Per most recent treating provider report dated July 30, 2014, the injured worker complained of intermittent left thumb pain and slight numbness of the right thumb. Objective findings revealed left hand weakness, left thumb tenderness, tenderness of the right shoulder and cervical parvertebral. As of July 30, 2014, the injured worker remains on modified work restrictions. The treating physician prescribed services for neurostimulator transcutaneous electrical nerve stimulation (TENS) four lead now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for 12 month rental of neurostimulator/TENS unit for left hand requested on November 26, 2014. Upon review of the clinical information, UR non-certified the request for TENS four lead, noting the lack of sufficient clinical documentation to support medical necessity and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Month rental of Neurostimulator / TENS unit for left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines TENS Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The patient presents with pain and weakness in his left thumb. The request is for 12 MONTH RENTAL OF NEUROSTIMULATOR/ TENS UNIT FOR LEFT HAND. None of the reports contain information of whether or not the patient has tried a TENS unit in the past. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. MTUS guidelines further states that "A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." In this case, the patient does present with carpal tunnel syndrome bilaterally for which a trial of TENS unit may be indicated. However, the treater does not explain why a 4 lead TENS unit is needed and there is no evidence that there has been a 30-day home trial. The request IS NOT medically necessary.