

<b>Case Number:</b>	CM14-0059151		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old female with a work injury dated 3/2/09. The diagnoses include chronic left shoulder strain with impingement, chronic left elbow strain with ulnar nerve paresthesia, chronic left wrist strain with carpal tunnel syndrome, chronic cervical strain, compensatory right wrist strain, sleep problems, stress, anxiety and depression. Under consideration is a request for TENS unit purchase and one year's supplies. There is an initial comprehensive orthopedic consultation document dated 7/8/13 that states that the patient suffered cumulative trauma work injuries to her neck, left wrist, wrist and elbow as well as sleeping problems. She has had medication management, physical therapy, acupuncture, chiropractic care, bracing. She is not working. She complains of left upper extremity pain, numbness, tingling, headaches, neck pain which radiates down her shoulders, arms, and into both of her hands, right wrist and hand tingling, sleep difficulty, depression, stress, anxiety. Since her injury the pain makes it difficult to take showers, get dressed, groom, do house chores, laundry, cook, grocery shop, hold her cell phone, stand, drive, grip and grasp. She takes Tylenol or Ibuprofen with Benadryl. Her allergies include aspirin and Ibuprofen. On exam there is cervical pain with range of motion. There is rotator cuff tenderness and a positive left impingement sign. There is decreased and painful range of shoulder motion on the left. There is a positive elbow Tinel and medial/lateral epicondyle tenderness. There is volar carpal tenderness and a positive Tinel and Phalen sign. The left wrist revealed a positive Finkelstein's test. The reflexes and motor testing were normal in the upper extremities. There was diminished median nerve sensation. The treatment plan included authorization for a TENS; FCE evaluation, Topical creams due to status post gastric bypass and GI distress from current medications, Ultram, Prilosec. The patient is temporarily totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase and one year's supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Page(s): 114-117.

**Decision rationale:** TENS unit purchase and one year's supplies is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation submitted does not reveal evidence of a documented one month trial period with evidence of frequency of TENS use, effect on function, pain relief, medication usage. There is no evidence of a treatment plan with short and long term goals of TENS treatment. The request for TENS unit purchase with one year's supplies is not medically necessary.