

<b>Case Number:</b>	CM14-0083950		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

The injured worker is a 57 year old female who sustained an industrial injury on 07/28/12. She reports significant improvements in pain and function of her left wrist. The diagnosis is left scapholunate tear status post repair on 10/17/13. Treatments to date include surgery, medications, Physical therapy, and TENS unit, per Utilization review. In a progress note dated 05/08/14 the treating provider recommends a TENS trial for 3 months and afterwards a home exercise program. On 05/28/14 Utilization Review non-certified the TENS trial, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Trial x3 months for left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114,116.

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

**Decision rationale:** The patient presents with pain along her left dorsal wrist. The request is for TENS UNIT TRIAL X3 MONTHS FOR LEFT WRIST. The request for authorization is not provided. The patient is status-post left wrist arthroscopy and debridement of the radiocarpal and midcarpal joints and partial TFC tear 02/23/15. She had a scapholunate tear that was repaired on 10/17/13. She was actually doing quite well following the repair when she reinjured her wrist in physical therapy. MRI of the left wrist 11/19/14 shows the TFC and lunotriquetral ligaments are intact. She has limited range of motion of the left wrist. Patient's medication include Norco, Ketoprofen and Napoxen. The patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Per progress report dated 06/17/14, treater's reason for the request is "Rationale for denial was that she already had a successful trial. Please note that this is actually incorrect and she has not had a home trial since her surgery." MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. Additionally, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others. Furthermore, the request for TENS unit trial X3 months would exceed MTUS guidelines. Therefore, the request IS NOT medically necessary.