

<b>Case Number:</b>	CM15-0131302		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/06/2008
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year female old who sustained an industrial injury on 10-6-08. Diagnoses are radial styloid tenosynovitis and tenosynovitis hand-wrist. In a work status report dated 10-28-14, the treating physician notes the injured worker has not improved significantly. Prescribed this visit were Neurontin and a transcutaneous electrical nerve stimulator unit. Work status is noted as return to work as of 10-28-14 with the restriction that she must wear the splint at work. The requested treatment is a purchase of transcutaneous electrical nerve stimulator (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of transcutaneous electrical nerve stimulator (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): 114-121.

**Decision rationale:** The patient is a 58 yr old woman with tenosynovitis of the right wrist/hand requesting purchase of a TENS unit. The CA MTUS Guidelines recommend transcutaneous electrotherapy as an adjunct treatment to physical therapy. The conditions that are recommended to be treated with a TENS unit include neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. The Guidelines also state that a treatment plan with specific long and short term goals and an adjunct physical restoration plan should be submitted with the request. Guidelines recommend a one month trial if TENS is part of a comprehensive rehab program. There is no evidence that any of the above criteria have been met, therefore the request is deemed not medically necessary.