

<b>Case Number:</b>	CM15-0138539		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 43-year-old male who reported an industrial injury on 9/4/2014. His diagnoses included fracture of the right distal radius, status-post reconstruction surgery. No current imaging studies were noted. His treatments included surgery to right distal radius, physical therapy, medication and rest from work. The provider's progress note dated 6/23/2015 reported a post-operative follow-up visit noting no physical therapy performed since the prior visit in May. Objective findings were improvement in focal tenderness over the radiolunate articulation and no evidence of distal radioulnar joint or scapholunate instability. The physician's requests for treatments were noted to include a trans-cutaneous electrical stimulation unit for use with the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3 pg 48; Chp 11 pg 265, 271, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the California Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one-month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with either neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. The post surgical criteria for use of TENS are not met for this patient as it is over 30 days since the surgery. The MTUS non-surgical criteria are not met in that the patient doesn't have intractable pain associated with the diagnoses listed above, has not failed post-op physical therapy and there is no documentation of short- and/or long-term goals for TENS treatment. At this point in the care of this patient medical necessity for use of TENS has not been established; therefore, the request is not medically necessary.