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| <b>Case Number:</b>   | CM15-0146264 |                              |            |
| <b>Date Assigned:</b> | 08/07/2015   | <b>Date of Injury:</b>       | 03/26/2012 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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: Texas, California  
 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 44 year old female, who sustained an industrial injury on 3-26-2012, resulting from cumulative trauma. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included diagnostics, left trigger thumb release (8-2013), physical therapy, and medications. On 6-12-2015, the injured worker complained of intermittent numbness with frequent tingling, as well as pain and weakness, involving her left hand. No medication use was listed. Exam noted triggering involving the right thumb. There was focal tenderness over the carpal and cubital tunnels on the left side, along with positive cubital compression test. The patient has had positive Tinel, Phalen and Durkin test. It was documented that she experienced symptom attenuation with the use of muscle stimulation in physical therapy, and a home unit was requested. She was dispensed Celebrex and Protonix. Work status was modified with restrictions, total temporary disability if unavailable. The treatment plan included a Meds-4 IF (interferential) unit with garment. The patient had used a TENS unit for this injury. Patient was better in symptoms with TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds-4 unit with garment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 118-120, Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) page 67, TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114.

**Decision rationale:** Request: Meds-4 unit with garment. The MEDS 4 unit is a device that can deliver NMES (Neuromuscular electrical stimulation) and interferential current stimulation. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the Meds-4 unit is not fully established and therefore the need for the Meds-4 unit supplies is also not established. The request for Meds-4 unit with garment is not medically necessary for this patient.