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| <b>Case Number:</b>   | CM15-0181442 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 07/01/1996 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 09/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2015 |

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 77 year old female, who sustained an industrial injury on 07-01-1996. She has reported injury to the right wrist and low back. The injured worker has been treated for carpal tunnel syndrome of the right wrist; status post carpal tunnel release in May 2001, as well as trigger finger release, ring finger in 2003, as well as right thumb arthrotomy; and left index and longer finger release on the left in 2001. Treatment to date has included medications, diagnostics, bracing, hot and cold wrap, and surgical intervention. Medications have included Ibuprofen, Naproxen, Celebrex, Diclofenac, and Prilosec. A progress report from the treating physician, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported that she has pain in the right wrist; and some swelling on top of the wrist; her left wrist has been doing okay; her primary concern is also her low back pain; she was going to chiropractic, which she discontinued; she has access to a brace for her wrist; she takes medication, typically Diclofenac; she has taken other anti-inflammatories including Ibuprofen, Naproxen, and Celebrex, all without relief; she is taking Prilosec for gastro-protection; and she would like to try a different anti-inflammatory. Objective findings included tenderness along the right wrist; she has some swelling across the wrist joint and mild tenderness along the extensors of the forearm on the right; negative Tinel's at the wrist; and she has decreased grip strength as well. The treatment plan has included the request for four lead TENS (transcutaneous electrical nerve stimulation) unit with conductive garment for wrist. The original utilization review, dated 09-03-2015, non-certified a request for four lead TENS unit with conductive garment for wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Four lead TENS unit with conductive garment for wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DMD-10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** 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. (Carroll-Cochrane, 2001)The available medical records support a condition of pain lasting greater than 3 months with ongoing treatment of medication. MTUS guidelines support 1 month TENS trial but not purchase of TENS. MTUS guidelines do not support use of conductive garment. As the medical records do not reflect TENS trial or functional outcome from TENS trial, TENS unit is not supported nor is conductive garment. Therefore, the request is not medically necessary.