

<b>Case Number:</b>	CM15-0186042		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for hand, wrist, and thumb pain reportedly associated with an industrial injury of June 24, 2015. In a utilization review report dated September 11, 2015, the claims administrator failed to approve a request for a one-month trial of a TENS-EMS device. The claims administrator referenced an August 25, 2015 office visit in its determination. Despite the fact that this did not appear to be a chronic pain case as of the date of the request, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked. The applicant's attorney subsequently appealed. On an RFA form dated August 27, 2015, Naprosyn and tramadol were endorsed. On an associated progress note of August 25, 2015, the applicant reported complaints of hand and thumb pain. The note was handwritten, difficult to follow, thinly and sparsely developed, and not altogether legible. Naprosyn and tramadol were prescribed while the applicant was placed off of work, on total temporary disability. Acupuncture was seemingly proposed. The note was very difficult to follow and did not seemingly set forth a clear or compelling case for the TENS-EMS device at issue. On a July 27, 2015 RFA form, a TENS-EMS device was sought. On an associated progress note of July 17, 2015, the applicant was seemingly placed off of work, on total temporary disability, while tramadol and Relafen were prescribed. Little-to-no narrative commentary accompanied the request for the TENS-EMS device trial. The attending provider reiterated his request for the device via an August 31, 2015 order form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator TENS/EMS- One month home-based trial with one month of supplies:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** No, the request for a one-month rental of a TENS-EMS device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, TENS, the modality at issue is deemed "not recommended" as part of initial approaches to treatment. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 further notes that TENS units and passive modalities, as a whole, are likewise deemed "not recommended" in the evaluation and management of applicants with forearm, hand, and wrist pain complaints. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position(s) on the same. Little-to-no narrative commentary accompanied the RFA forms. The attending provider's progress note(s) did not elaborate or expound on the request or make a compelling case for provision of the TENS-EMS device in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.