

<b>Case Number:</b>	CM15-0191070		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	07/11/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 24 year old male, who sustained an industrial injury on 7-11-2015. Medical records indicate the worker is undergoing treatment for status post left forearm burn with residual pain and left wrist sprain-strain-rule out derangement. A recent progress report dated 8-5-2015, reported the injured worker complained of left forearm and wrist pain rated 7 out of 10 and it is aggravated by gripping, grasping, reaching, pulling and lifting. Physical examination revealed tenderness over the carpal bones and tenderness over the (the quality of the documents is blurred in sections). Left wrist magnetic resonance imaging showed metal related artifact in the right side of the wrist and fluid collection-possible ganglion cyst. Treatment to date has included physical therapy and medication management. The physician is requesting Duet Stim TENS (transcutaneous electrical nerve stimulation)-EMS unit on a 30 trial basis and one month supplies (electrodes, batteries and lead wires) for the left wrist-forearm. On 9-22-2015, the Utilization Review noncertified the request for Duet Stim TENS (transcutaneous electrical nerve stimulation)-EMS unit on a 30 trial basis and one month supplies (electrodes, batteries and lead wires) for the left wrist-forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duet Stim TENS/EMS unit on a 30 trial basis and one month supplies (electrodes, batteries and lead wires) for the left wrist/forearm: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has continued symptoms despite having received conservative medical treatment to include analgesics, therapy, activity modifications, and ECSW treatment, but has remained symptomatic and functionally impaired. Although there is no documentation on the short-term or long-term goals of treatment with the TENS unit; however, a 30 day trial use is indicated to assist in the patient's recovery process. The TENS unit on a 30 trial basis and one month supplies (electrodes, batteries and lead wires) for the left wrist/forearm is medically necessary and appropriate.