

<b>Case Number:</b>	CM15-0192951		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

The injured worker is a 56-year-old female who sustained an industrial injury on 12-5-2013. Diagnoses have included De Quervain's Tenosynovitis, fracture of end of radius, osteoarthritis and chronic pain syndrome. Documented treatment includes open reduction and internal fixation of radial fracture 12-2013 including removal of hardware, physical therapy, cortisone injections stated to temporarily help with numbness, night time splint helping with early morning stiffness, and topical pain medication. The injured worker continues to report right wrist pain 80 percent of the time with or without activity. At the 8-26-2015 visit she reported pain level as 3 out of 10. No swelling was noted, and the examination noted that her hand grip was 4 out of 5 on the right and 5 on the left, and there was pain with light touch to wrist and resistance to the fingers. On 8-12-2015 she had been reporting right wrist and hand pain with morning stiffness. She reported that symptoms were aggravated by repetitive activity, especially at work using a mouse, keypad and when shaking hands. The pain was noted to radiate from her elbow down the pinkie side of her arm to the wrist. Symptoms were noted to improve when taking time off of work. The treating physician's plan of care includes a TENS trial and consult for home exercise program requested 8-26-2015. This was denied on 9-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**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:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial, therefore, the request for transcutaneous electrical nerve stimulation (TENS) unit is determined to not be medically necessary.