

<b>Case Number:</b>	CM15-0025725		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Arizona  
 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 60-year-old female who reported an injury on 11/08/2012 due to an unspecified mechanism of injury. On 01/23/2015, she presented for a follow-up evaluation. She was noted to be status post wrist surgery following a carpal tunnel release. Objective findings showed a well-healed surgical scar with no signs of infection. The right hand had retained sutures which were removed and the wound was healed. She was diagnosed with status post carpal tunnel release. The treatment plan was for a TENS unit. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines indicate that TENS units are recommended for the treatment of certain disorders after the failure of recommended conservative therapy and only is an adjunct to recommended conservative treatments. The documentation provided does not state that the injured worker has tried and failed all recommended conservative therapy or that she is going to be using the TENS unit in conjunction with an ongoing conservative treatment modality with a functional restoration approach. Also, further clarification is needed regarding whether this is being requested as a purchase or a rental. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.