

<b>Case Number:</b>	CM15-0217576		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 55 year old female with an industrial injury dated 03-08-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist pain, right lateral epicondylitis and right ulnar triangular fibrocartilage tear. According to the progress note dated 08-07-2015, the injured worker reported right wrist and hand pain. The injured worker reported that the right wrist pain is associated with a swollen feeling in the right wrist radiating to the right forearm, right elbow and to the right shoulder. The injured worker is limited with routine activities of daily living. She is not able to lift objects greater than two pounds and she drops object from her right hand. Pain level was 6 out of 10 on a visual analog scale (VAS). Current medications include Atorvastatin. Objective findings (08-07-2015) revealed tenderness in right wrist joint on the ulnar aspect of dorsum, tenderness at the base of the right thumb and at right radial styloid process, tenderness in the right forearm extensor muscles and at the right lateral epicondylar region, pain with right wrist range of motion, and right upper extremity dysesthesia. Treatment has included Magnetic Resonance Imaging (MRI) of right wrist, x-ray of right wrist, and physical therapy. The treatment plan included medication management, one month trial of transcutaneous electrical nerve stimulation (TENS) unit and orthopedic consultation. The utilization review dated 10-08-2015, non-certified the request for 1 month trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month Trial of a TENS unit: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documentation on how or what TENS unit is requested, previous trial of benefit if any in therapy, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment rendered in previous therapy treatment sessions for this March 2014 injury. The 1 Month Trial of a TENS unit is not medically necessary and appropriate.