

<b>Case Number:</b>	CM15-0030696		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male, who sustained an industrial injury on 04/20/2012. On the provider visit dated 09/03/2013, the injured worker has reported right inguinal hernia and right hand loss of strength. The diagnoses have included right wrist navicular fracture 1978, status post open reductions internal fixation right navicular fracture 1978 and per x-ray of right wrist 5/6/2012 right wrist navicula nonunion was noted. Treatment to date has included right wrist MRI on 03/05/2013, electromyogram and nerve conduction study, bilateral upper extremities and cervical paraspinals muscle, and injections. On examination, he was noted to have visible atrophy over the right thenar and a noted decrease of range of motion and sensation. On 01/29/2015 Utilization Review non-certified 8 month rental of TENS/EMS rental for right wrist injury. The CA MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Month Rental of TENS/EMS Rental for Right Wrist Injury: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 128.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-117.

**Decision rationale:** The attached medical record does not specify the reasons for requesting the use of a TENS unit. There is no documentation that other conservative treatment methods have been tried and failed. Furthermore, initial usage of a TENS unit should include a one-month trial with documentation of its use as an adjunct to ongoing treatment modalities and evidence of functional improvement. There is no documentation that a previous one-month trial has been completed. As such, this request for an eight month rental of a TENS/EMS unit is not medically necessary.