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| <b>Case Number:</b>   | CM15-0052592 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 10/15/2013 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: Texas, Illinois

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 (IW) is a 55-year-old female who sustained an industrial injury on 10/15/2013. Diagnoses include fracture of radius with ulna, left wrist multi findings and status post left wrist surgery on 8/22/14. Treatment medications, nerve blocks, surgery, physical therapy (PT), occupational therapy, splint use and TENS. Diagnostics performed to date included x-rays, MRIs and electrodiagnostic studies. According to the progress report dated 2/27/15, the IW reported left hand/wrist pain with burning and throbbing; she felt it radiated to the upper arm and shoulder at times. She stated her pain medication and physical therapy were both helpful. PT notes stated range of motion was tolerated well after electric stim. A request was made for tens patches X4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) patches Qty 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Transcutaneous electrotherapy Page(s): 8; 114-116.

**Decision rationale:** The injured worker sustained a work related injury on 10/15/2013. The medical records provided indicate the diagnosis of fracture of radius with ulna, left wrist multi findings and status post left wrist surgery on 8/22/14. Treatment medications, nerve blocks, surgery, physical therapy (PT), occupational therapy, splint use and TENS. The medical records provided for review do not indicate a medical necessity for TENS (transcutaneous electrical nerve stimulation) patches Qty 4. The records indicate the injured worker has been using TENs unit for some time, but there is no documentation of benefit, neither is there a documentation that the injured worker is involved in a functional restoration program. There is no documentation of short or long term goals. The MTUS recommends documentation of detailed history and physical as well as a documentation of the outcome of treatment as necessary tools in future management of the injured patient. Also, the MTUS recommends that TENs unit be used as an adjunct to a functional restoration program; its usage should be accompanied by documentation of short and long term goals. The request is not medically necessary.