

<b>Case Number:</b>	CM15-0061460		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Emergency 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 26 year old female with an industrial injury dated 11/03/2013. The mechanism of injury is documented as trying to get a 50 pound pan down from a shelf and it fell on her left hand resulting in severe pain and swelling. Her diagnoses included carpal tunnel syndrome, trigger finger (acquired) and hand injury. Prior treatments included initial x-ray (no fracture), physical therapy, hand surgeon, paraffin treatment, home exercise program, acupuncture Motrin and Tylenol. Naprosyn caused stomach symptoms and constipation and was discontinued. She presents on 03/19/2015 for follow up and paraffin to bilateral hands/wrists. The injured worker rates his post treatment pain level as 6/8. He complained of increase in pain in left shoulder/neck and elbow to hand for past 2 weeks. He states he takes ½ Norco once or twice/day which "take off the edge." He has home exercise program twice daily 5-20 minutes per day and uses TENS unit 2-3 times/week. He is able to do more activities and medications make it easier. He stated driving had been more uncomfortable lately because of hand/wrist discomfort. Wrist splint is helpful. EMG/NCV left upper extremity done on 05/29/2014 is documented by provider as normal study. Formal report is not in submitted records. Treatment plan was to continue meds, continue home exercise program, continue TENS, return one-two weeks for Paraffin bath to hand/wrist and renew TENS patches. The request is for retrospective request for Tens patch times 4 pairs (2 pairs on 2 occasions dispensed in office, dispense date not specified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tenspatch x 4 pairs (2 pairs on 2 occasions dispensed in office, dispense date not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): [http://www.acoempracguides.org/hand and wrist](http://www.acoempracguides.org/hand%20and%20wrist), table 2, summary of recommendations, hand and wrist disorders.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS therefore any supplies related to it is also not recommended. TENS is recommended if use as an adjunct with functional restoration program but in this case, there is no documentation of such a program. There is no documented short and long term goal for the TENS. There is no documentation of any objective pain improvement or function with current use of TENS only subjective claims of improvement. Patient has reported subjective improvement only and current documentation does not support a successful 1 month trial of TENS much less continued use. Patient was prescribed TENS on 11/14 after only a 1 week trial with no documented objective improvement. Pt does not meet any criteria to recommend TENS. TENS and supplies related to it are not medically necessary.