

<b>Case Number:</b>	CM15-0244715		
<b>Date Assigned:</b>	12/24/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: 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:

This injured worker is a 41 year old female who reported an industrial injury on 9-12-2014. Her diagnoses, and or impressions, were noted to include: bilateral de Quervain's syndrome and tenosynovitis; possible bilateral carpal tunnel syndrome; and left shoulder impingement syndrome, rule-out internal derangement. Electrodiagnostic studies of the bilateral hand-wrist-upper extremities was said to have been done; no imaging studies were noted. Her treatments were noted to include: 17 physical therapy and acupuncture sessions; braces; medication management; and modified work duties before a return to full and unrestricted work on 7-8-2015, and noted restricted work on 10-13-2015. The progress notes of 10-13-2015 reported: the dates of injury to be between 5-1-2014 and 8-15-2014; left shoulder, elbow and wrist pain; and difficulty sleeping on the left due to left shoulder, stress and anxiety. The objective findings were noted to include: positive Tinel's sign and Phalen's test over the carpal tunnel region of the hands-wrists; positive bilateral Finkelstein's test; and tenderness over the first bilateral "CMC"; positive left shoulder impingement test with tenderness over the left "AC" joint, coracoid process, bicipital groove, deltoid bursae and "GH" joint, and decreased left shoulder muscle strength. The physician's requests for treatment were noted to include a TENS unit for home use to relieve pain, as a multi-modality approach to pain control and functional restoration. The Request for Authorization, dated 10-22-2015, was noted to include a multi-stim unit plus supplies. The Utilization Review of 11-19-2015 non-certified the request for the purchase of a multi-stimulation unit with supplies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim unit for rental plus supplies- electrodes quantity 40; lead wire quantity 1 and adapter quantity 1:** 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:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. In this case, the injured worker does meet the medical conditions listed in the MTUS Guidelines where a TENS unit may be beneficial and the physician is using this modality as part of a functional restoration approach to include physical therapy. However, there is no evidence of a 30 day trial with TENS. This request is for an unspecified amount of time and is therefore not supported. The request for Multi Stim unit for rental plus supplies- electrodes quantity 40; lead wire quantity 1 and adapter quantity 1 is determined to not be medically necessary.