

<b>Case Number:</b>	CM14-0161418		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old female with a date of injury on 2/1/2013. She complained of pain in her hands, arms, lower neck, shoulders, and low back with numbness, weakness, and stiffness in both arms. She also has difficulty sleeping. She complained of increased left wrist pain. According to the report of 7/9/14, her pain was rated as 7/10 and was worse with medication or not moving. An exam of the left wrist joint revealed asymmetry and swelling of the dorsal proximal wrist swelling over the ulnar styloid. Her range of motion was restricted with palmar flexion and limited to 40 degrees due to pain. Dorsiflexion was limited to 35 degrees due to pain; ulnar deviation was limited to 10 degrees due to pain and radial deviation limited to 15 degrees due to pain. Tenderness to palpation was noted over anatomical snuffbox and triangular fibrocartilage complex. A hand exam revealed a Finkelstein test grossly (+) on the left wrist. Nerve conduction studies showed normal responses for the bilateral median sensory and motor nerves. The bilateral ulnar sensory and motor evoked responses and the bilateral radial sensory evoked responses were normal. Surgeries include hysterectomy and dental care. Current medications include Ultram and tramadol. Past treatment has included medications that have helped her temporarily. Physical therapy to wrist, upper left neck and shoulder had given good relief. There was no documentation about diagnostic studies, a home exercise program or improvement of pain and function with a transcutaneous electrical nerve stimulation unit and acupuncture. Diagnoses included traumatic arthropathy of shoulder, other chronic pain, and reflex sympathetic dystrophy of upper limb. The request for transcutaneous electrical nerve stimulation unit for home use was denied on 08/28/14, due to lack of medical necessity guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation; C.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule guidelines, transcutaneous electrical nerve stimulation for chronic pain is recommended as a one-month home-based transcutaneous electrical nerve stimulation unit trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: Neuropathic pain (diabetic neuropathy, phantom pain, spasticity, multiple sclerosis and post-operative pain. Additionally, Official Disability Guideline criteria states that transcutaneous electrical nerve stimulation unit can be used for chronic intractable pain if there is evidence of other pain modalities having been tried and failed, including medications. In this case, the records indicate that physical therapy has provided good relief. There is little to no documentation of failure of medications. There is no documentation of a one month success full trial. Therefore, based on the California Medical Treatment Utilization Schedule guidelines as well as the available clinical information, the request for transcutaneous electrical nerve stimulation unit is considered not medically necessary.