

<b>Case Number:</b>	CM14-0095370		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 67-year-old female who sustained a work related injury on 9/5/2012 as a result of an unknown mechanism of injury. Since then she has had pain at the carpal-metacarpal joint of the left thumb. She underwent an arthroplasty of the carpometacarpal (CMC) joint of the left thumb at the end of 2013 and is apparently doing well. As part of her physical therapy, a transcutaneous electric nerve stimulation (TENS) unit was utilized. Per the progress report dated May 1, 2014, the patient was to continue therapy at home and she reports that electric stimulation helps her symptoms. In dispute is a decision for durable medical equipment (DME) purchase of a Tens Unit and Supplies for Left hand for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase of a Tens Unit and Supplies for Left hand for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), TENS (transcutaneous electrical neurostimulation)

**Decision rationale:** TENS, chronic pain (transcutaneous electrical nerve stimulation) is not medically necessary. Transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. There are conflicting effects of TENS on pain outcomes in patients with arthritis in the hand. Acupuncture-like TENS (AL-TENS) may be beneficial for reducing pain intensity and improving muscle power scores over placebo while, conversely, Conventional TENS (C-TENS) resulted in no clinical benefit on pain intensity compared with placebo. Not all patients tolerate AL-TENS, however, as it is reported to be uncomfortable, even though it may be more efficacious than C-TENS. With decisions based upon the CA MTUS guidelines, the home TENS unit is not medically necessary.