

<b>Case Number:</b>	CM14-0188781		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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. 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 is a 45-year-old male, who sustained an industrial injury on 6/12/13. He reported initial complaints of a fall causing fracture to wrists, pain to head, neck and right knee. The injured worker was diagnosed as having cervical disc herniation without myelopathy; tear medial meniscus right knee; tendinitis/bursitis of the hands/wrists; carpal tunnel syndrome; concussion with short loss of consciousness. Treatment to date has included status post bilateral wrists Open Reduction Internal Fixation (ORIF) (6/18/2013); chiropractic therapy; Home Sleep Study; Status post removal of deep hardware left wrist (2/21/14); physical therapy (40 sessions); acupuncture; medications. Currently, the PR-2 notes dated 8/4/14 indicated the injured worker complains of bilateral wrist and hands pain that is constant moderate pain that was described as aching and aggravated by gripping and grasping. He also complains of right knee pain that is intermittent moderate to severe aching aggravated by climbing stairs. His cervical spine has intermittent moderate to severe pain that is aching and made worse by twisting and turning. The chest pain is occasional moderate pain described as tightness and increases with walking and accompanied by shortness of breath. (The provider notes that in 2005, the injured worker was diagnosed with lung cancer and underwent chemotherapy and recovered 100 %.) He also has intermittent severely painful headaches. The injured worker denied any history of diabetes, heart disease or arthritis. He is currently taking Norco. A physical examination was performed noting 3+ spasm and tenderness to the bilateral anterior and posterior extensor tendons of the wrist/hands. He also notes painful range of motion to the cervical spine and a +3 spasms and

tenderness to the right anterior joint line, popliteal fossa/vastus medialis. The provider is requesting TENS-EMS (Bilateral Wrists Only).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS-EMS (Bilateral Wrists Only): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for TENS-EMS (Bilateral Wrists Only). The MTUS guidelines recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long-term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. In addition, the guideline recommends the use of two-electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain; Phantom limb pain and CRPS II; and Spasticity. However, although it reduces pain in multiple sclerosis, it is ineffective in the treatment of spasticity related to Multiple sclerosis (MS). There is no evidence from the records reviewed that the injured worker is involved in evidence based functional restoration program. Therefore, the request is not medically necessary.