

<b>Case Number:</b>	CM14-0212167		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 58-year-old man with a date of injury of September 13, 2012. The IW was carjacked at gunpoint while on the job. Accepted body parts by the carrier are psyche, anxiety, and right wrist. The injured workers diagnoses are headaches; radial styloid tenosynovitis (de Quervain), right wrist; osteoarthritis, left wrist, anxiety disorder; stress; mood disorder; sleep disorder; and psychosexual dysfunction. Pursuant to the orthopedic progress note dated October 15, 2014, the IW continues to complain of right wrist pain. The IW was to undergo physical therapy, acupuncture treatment, and shockwave therapy. The current orthopedic surgeon (██████████), reports he will refer the IW for a consultation with an orthopedic surgeon-hand specialist (██████████) regarding the right wrist. The current request is for a TENS unit, requested by ██████████. There is there is no documentation in the medical record from the requesting orthopedic surgeon referencing a TENS unit. There is no clinical indication or rationale for the TENS. There is no documentation of a tens trial. There is no documentation of physical therapy, or physical therapy notes in the medical record. The current request is for (1) TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, Chronic Pain (Transcutaneous Electrical nerve Stimulation)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, TENS Unit

**Decision rationale:** Guidelines, TENS unit is not medically necessary. TENS unit is not recommended as a primary treatment modality of the one-month home-based tens trial may be considered as a noninvasive conservative option. Criteria for the use of TENS are numerator in the Official Disability Guidelines. They include, but are not limited to a one month trial and should be documented as an adjunct ongoing treatment modalities with any functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, rental is preferred of the purchase; other ongoing pain management should be documented; a treatment planning for the short and long-term goals of treatment; evidence other appropriate pain modalities have been tried and failed; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are headaches; radial styloid tenosynovitis (De Quervain's tenosynovitis); anxiety disorder; mood disorder; stress; sleep disorder and; psychosexual dysfunction. The injured worker saw a second orthopedist, a consultation with a hand surgeon, [REDACTED]. This physician recommended a TENS unit. There is there is no documentation in the medical record from the requesting orthopedic surgeon referencing a TENS unit. There is no clinical rationale for the TENS unit. There is no clinical indication for the TENS unit. There is no documentation of a TENS trial. There is no documentation of physical therapy. Additionally, the guidelines do not recommend TENS unit for the forearm wrist and hand complaints. Consequently, absent clinical documentation supporting a TENS unit, no TENS trial, no clinical rationale/indication for TENS, TENS unit is not medically necessary.