

<b>Case Number:</b>	CM15-0011725		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: District of Columbia, Virginia  
 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 is a 50 year old male who sustained an industrial injury on 09/10/2013. The current diagnoses include status post left hand/hand/wrist/forearm blunt trauma crush injury, left distal radius complex fracture, left wrist complex fracture, left ulnar neuropathy, left median neuropathy, left 5 finger flexion contracture with intrinsic tightness , and status post left wrist arthroscopy, extensor tenolysis 2nd-5th dorsal compartments proximal row carpectomy and open reduction internal fixation of distal radius styloid process and open triangular fibrocartilage complex repair. Treatments to date include medications, activity modification, occupational therapy, night splints, home exercise program, status post left wrist arthroscopy, status post proximal row carpectomy and open reduction internal fixation of distal radius styloid process and open triangular fibrocartilage complex on 01/29/2014 . Report dated 12/10/2014 noted that the injured worker presented with complaints that included pain in the backside of left wrist, unable to twist left wrist and forearm, limited strength in the left upper extremity, and dropping objects with the left hand. The TENS unit was being prescribed as an adjunct to conservative treatment as part of the functional restoration program designed for the injured worker. The utilization review performed on 01/06/2015 non-certified a prescription for TENS device for purchase based on medical necessity as it is not recommended as an isolated intervention and the nature of the most recent conservative care in not clearly outlined. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Device for Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 114-116.

**Decision rationale:** Per MTUS, Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration - There is 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; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a temporary plaster limb restraint (as in treatment for disuse atrophy)Purchase of a TENS unit would not be indicated, as per guidelines cited above.