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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0014258 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 01/19/2010 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 12/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 36 year old male, who sustained an industrial injury on 1/19/2010. The diagnoses have included pain in joint, forearm, and other sprains and strains of wrist. Treatment to date has included surgical intervention, noting status post left de Quervain's release, and conservative measures. Currently, the injured worker complains of right wrist pain, rated 5-6/10. The physical exam of the left wrist was unremarkable and a physical examination of the right wrist was not documented. The PR2 report, dated 11/25/2014, did not discuss the plan for the requested treatment at issue. On 12/26/2014, Utilization Review non-certified a request for monthly supplies for Transcutaneous Electrical Nerve Stimulation (TENS) unit, electrodes 8 pairs per month, AAA Batteries 6 per month, for bilateral wrist and hands, noting the lack of compliance with the MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly supplies for TENS unit, Electrodes 8 pairs per month, AAA Batteries 6 per month, for bilateral wrist and hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical nerve Stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, and Hand

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about the patient having a TENS unit and using it. In the progress report of December 4, 2014, the patient wished to proceed with surgery, which will consist of a left De Quervain's release and related procedures. Therefore, the prescription of Monthly supplies for TENS unit, Electrodes 8 pairs per month, AAA Batteries 6 per month, for bilateral wrist and hands is not medically necessary.