

<b>Case Number:</b>	CM15-0016341		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 37 year old female who sustained an industrial injury on 05/17/2013. She has reported pain in the thumb area described as "Pricking pain". Diagnoses include pain in joint, right hand, cervical radiculopathy, numbness and tingling, repetitive stress injury, poor coping, cervical radiculopathy and left wrist tenderness, right shoulder tendinopathy-bursitis. Treatment s to date have been a brace, paraffin bath, heating pad and a TENS (Transcutaneous Electrical Nerve Stimulation) unit. In a progress note dated 01/06/2014 the treating provider reports reduced flexion of the thumb and index fingers, and painful resisted flexion and extension of the thumb. The treatment plan is for fitting a brace for the wrist. On 01/07/2015 Utilization Review non-certified a request for Tenspatch x4noting that documentation identifies the IW is using a TENS unit but there is no description of efficacy. Without quantified pain relief or functional benefit documented as a result, continued supplies as associated with TENS unit are not supported as medically necessary. The MTUS Chronic Pain was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenspatch x4:** Upheld

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

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

**Decision rationale:** There was no documentation that the TENS unit improved the patient's functionality or level of pain. MTUS, Chronic Pain notes that the TENS unit studies on efficacy are "inconclusive." The TENS unit is not medically necessary; thus, the requested Tenspatch X 4 is also not medically necessary.