

<b>Case Number:</b>	CM15-0111347		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female, who sustained an industrial injury on 4/16/14. The diagnoses have included arthritis of the right wrist, failed fusion of right trapezoid and capitate, removal of hardware and fusion of right capitate and trapezoid with iliac crest bone graft, and right trapezoid-capitate fusion, ganglion cyst curettage and carpal tunnel release. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, splinting, physical therapy, ice, massage and home exercise program (HEP). Currently, as per the physician progress note dated 5/15/15, the injured worker is 2 weeks post-operative removal of hardware and revision bone grafting to fuse the capitate and trapezoid. She has had a fair amount of pain and takes Percocet regularly. The pain is in the hip area of the bone graft site. She is keeping the right wrist in a splint. The physical exam of the right wrist reveals wound is clean and dry; strength is decreased secondary to pain. The right hip area is clean and dry. The computerized axial tomography (CT scan) exam of the right wrist reveals interval arthrodesis of the capitate and trapezoid, with only a small focus of bone fusion seen at this time. The physician notes that the x-ray of the right wrist demonstrate continued satisfactory position and alignment of the graft. The current medications included Ativan, Norco, Meloxicam, Percocet and Valium. There is previous physical therapy sessions noted in the records. The physician noted that he will go ahead with waterproof cast placement for the bone stimulator which has arrived and the physician requested treatment included Transcutaneous electrical nerve stimulation (TENS) Unit and Supplies because that was helpful for her in therapy prior to the surgery.

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

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

**TENS Unit and Supplies:** 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.

**Decision rationale:** MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS purchase and associated supplies are not medically necessary.