

<b>Case Number:</b>	CM15-0115430		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 (IW) is a 25-year-old female who sustained an industrial injury on 06/13/2013. Diagnoses include neck pain; pain in joint, shoulder, right; cervicobrachial syndrome; pain in joint, forearm, right wrist; and lesion of the ulnar nerve. Treatment to date has included medications, acupuncture, trigger point injections and physical therapy. She was evaluated by a psychologist. Electrodiagnostic studies of the right upper extremity on 9/12/13 and of the bilateral upper extremities on 11/19/14 were normal. MRI of the cervical spine on 2/25/15 showed no evidence of significant central canal or neural foraminal stenosis. According to the progress notes dated 2/17/15, the IW reported she developed a rash from her medication, but was unsure which one was the cause; she discontinued her Ultram and her Venlafaxine and was no longer taking pain medication. She complained of right wrist pain that radiated up her arm to her neck, rated 9/10. The pain was increased with repetitive right hand use and improved with rest and medications. On examination, the right wrist was tender to palpation and wrist extension strength was 4/5 and painful. Muscle tone was normal to all four extremities. The IW was advised to re-start pain medications one at a time and discontinue it if a rash developed. She stated the Ultram was helping her pain. A request was made for a 30-day trial of TENS unit for the right wrist for pain in conjunction with acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME 30-day trial of TENS unit for the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Electrodiagnostic studies of the right upper extremity on 9/12/13 and of the bilateral upper extremities on 11/19/14 were normal. MRI of the cervical spine on 2/25/15 showed no evidence of significant central canal or neural foraminal stenosis. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. The DME 30-day trial of TENS unit for the right wrist is not medically necessary and appropriate.