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| <b>Case Number:</b>   | CM15-0121314 |                              |            |
| <b>Date Assigned:</b> | 08/10/2015   | <b>Date of Injury:</b>       | 03/12/2014 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male patient who sustained an industrial injury on 3-12-14. He sustained the injury due to repetitive stress. The diagnoses include severe left carpal tunnel syndrome with thenar atrophy-status post open carpal tunnel release with opponenplasty left thumb, status post left in situ ulnar nerve release at the elbow, first dorsal interosseous muscle wasting-etiology unclear, right wrist tendinitis-from favoring left side, and myasthenia gravis. Per the doctor's note dated 8/17/15, he had complaints of discomfort in the right hand/wrist. Per an office visit note dated 6-1-15, he is status post left open carpal tunnel release, opponenplasty of the left thumb with use of palmaris longus tendon, left in situ ulnar nerve release on 4-16-15. He reported good sensation in the digits following surgery. He had stiffness of the left thumb and making progress with hand therapy exercises. He had complaints of discomfort in the right hand wrist from favoring his left side. The post-operative wounds appear to be healing without evidence of infection. The physical exam of the right wrist and forearm revealed diffuse tenderness over the first distal compartment into the hand and wrist. The medications list includes Vicodin, Pyridostigmine Bromide, Beclomethasone Dipropionate, Albuterol Sulfate Nebulizer, and Omeprazole. He has had left wrist MRI dated 3/12/14 with unremarkable findings; EMG/NCS dated 7/22/14 which revealed left carpal tunnel syndrome; left elbow MRI dated 1/15/2015 with normal findings; EMG/NCS dated 2/3/15 which revealed median neuropathy at left wrist and focal ulnar neuropathy at left elbow. He has undergone left open carpal tunnel release, opponenplasty of the left thumb with use of palmaris longus tendon, left in situ ulnar nerve release on 4/16/2015. Work status is temporary disability until 7-16-15 and he is

noted as permanent and stationary. He has had physical therapy visits for this injury. The plan is to continue hand therapy exercises, hand therapy for the right wrist and hand, and Lidopro Gel. A prescription dated 6-10-15 is written for GSM HD Combo transcutaneous electrical nerve stimulation unit-4 lead. The requested treatment is GSM HD combo transcutaneous electrical nerve stimulation unit (four or more leads) for indefinite use, 8 pairs of electrodes per month, and 6 AAA batteries per month.

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

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

**GSMHD combo TENS unit (four or more leads) for indefinite use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), page 114-116.

**Decision rationale:** Q-- GSMHD combo TENS unit (four or more leads) for indefinite use. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of GSMHD combo TENS unit (four or more leads) for indefinite use is not established for this patient. The request is not medically necessary.

**8 pairs of electrodes per month: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), page 114-116.

**Decision rationale:** Q-- 8 pairs of electrodes per month. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established , the need for supplies for the TENS unit including 8 pairs of electrodes per month is also not fully established in this patient. The medical necessity of 8 pairs of electrodes per month is not established for this patient. The request is not medically necessary.

**6 AAA batteries per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), page 114-116.

**Decision rationale:** Q-- 6 AAA batteries per month. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit including 6 AAA batteries per month is also not fully established in this patient. The medical necessity of 6 AAA batteries per month is not established for this patient. The request is not medically necessary.

