

<b>Case Number:</b>	CM15-0178925		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: North Carolina

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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 07-28-2010. He has reported subsequent left wrist and right arm and wrist and was diagnosed with pain in limb, other bursitis disorders, synovitis and tenosynovitis and traumatic arthropathy-involving forearm. The physician noted that x-ray of the left wrist was performed on 04-09-2015 and showed ulnar positive variance and mild deformity of the distal radius consistent with a healed fracture, some irregularity in the sigmoid notch and some mild thumb CMC joint osteoarthritic change. Electro diagnostic testing dated 05-20-2015 showed electro diagnostic evidence of mild left axonal sensory radial neuropathy with possible right median focal neuropathy. Work status was documented as modified. Treatment to date has included oral pain medication, bracing, surgery and massage. Medication was noted to provide good pain relief and objective functional improvement. In a progress note dated 06-25-2015, the injured worker reported upper right arm pain and numbness in the lower right arm that was rated as 3-5 out of 10. The injured worker's pain was rated as 2 out of 10 with medication and 6 out of 10 without medication. Objective examination findings showed decreased sensation to light touch along the lateral thumb, positive tenderness to palpation of the radial styloid and across healed incision and extensor tendon of thumb and tenderness to palpation at the ulnar styloid and mild tenderness over the deltoid insertion and brachialis origin and pain worsened with elbow extension. A request for authorization of home TENS device (4 lead) for purchase was submitted. As per the 08-11-2015 utilization review, the request for home TENS device (4 lead) for purchase was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS device (4 lead) for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have not been met and the request is not medically necessary.