

<b>Case Number:</b>	CM15-0179297		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/15/2015
<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: 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:

The injured worker is a 38 year old male, who sustained an industrial injury on February 19, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having multilevel disc disease, right S1 lumbar sacral radiculopathy, acute laceration of the left ulnar hand and left wrist with neuropraxia, left hand arthrofibrosis, right wrist compensatory chronic strain, rule out left wrist and left hand internal derangement and status post external neurolysis and tenolysis of the flexor at the ulnaris tendon. Treatment to date has included diagnostic studies, injection, chiropractic treatment, occupational therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, medications and physical therapy. A prior cubital tunnel injection was noted to give him two weeks of 40-50% relief of pain. On August 12, 2015, the injured worker complained of persistent pain in his back rated as a 3 on a 1-10 pain scale. The pain was described as intermittent and "slightly improving." He complained of left wrist pain rated an 8 on the pain scale described as constant and "improving." He also complained of left hand pain rated a 6 on the pain scale described as constant and "improving." He reported a dull aching-like pain with stiffness deep in the bones of the carpals with a sharp and throbbing electric-shock-like spasm and soreness more superficially at the ulnar aspect of the hand. He stated that Vicoprofen helps bring his pain from a 7-8 on a 1-10 pain scale down to a 3-4, allowing him to perform basic activities of daily living. Physical examination of the lumbar spine revealed tenderness over the midline and paraspinals. There was asymmetric loss of range of motion. Examination of the left wrist revealed a healed volar incision. He was noted to be very hypersensitive with positive Tinel's at the incision site and decreased sensation in ulnar

nerve distribution. There was limited range of motion of all digits and limited range of motion of the wrist. The treatment plan included pain management consultation, physical therapy to the left wrist, urine toxicology screen and a follow-up visit. On August 15, 2015, utilization review denied a request for TENS unit supplied including electrodes, batteries, lead wire and ADH removers for the left wrist for six to twelve months. July 23, 2015 request is to convert rental to purchase noting the patient has utilized Tens unit during the trial period and has benefited with improved function, decreased pain and reduction of pain medication.

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

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

**TENS unit supplies including electrodes, batteries, lead wire and ADH removers for the left wrist for 6-12 months:** 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:** According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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 these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. In this case, per a request for Tens unit dated July 23, 2015, request is being submitted to convert rental to purchase noting the patient has utilized Tens unit during the trial period and has benefited with improved function, decreased pain and reduction of pain medication. However, a review of the medical records does not establish improvement in pain levels, improved function or decrease in medication use to support this request. The request for TENS unit supplies including electrodes, batteries, lead wire and ADH removers for the left wrist for 6-12 months is not medically necessary and appropriate.