

<b>Case Number:</b>	CM15-0091474		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 33-year-old female, who sustained an industrial injury on 5/1/2013. The current diagnoses are bilateral overuse syndrome, rule out possible carpal tunnel, tendinitis bilateral wrists, and insomnia. According to the progress report dated 3/24/2015, the injured worker complains of pain and pressure in the left wrist associated with numbness, tingling, and cramping into her fingers. Additionally, she reports difficulty-sleeping secondary to constant numbness in the left wrist. The physical examination of the left wrist reveals pain over the metacarpophalangeal joint. There is tenderness with numbness and tingling affecting the median nerve distribution. The level of pain is not rated. The current medication list is not available. Treatment to date has included medication management, MRI studies, and electrodiagnostic testing. The plan of care includes left carpal tunnel release; therefore, TENS unit; post-op left wrist is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-Tens Unit: left wrist (post-op): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome- TENS (transcutaneous electrical neurostimulation).

**Decision rationale:** DME-Tens Unit: left wrist (post-op) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a TENS unit can be used for post operative pain (transcutaneous electrical nerve stimulation) as a treatment option for acute post-operative pain for certain conditions in the first 30 days post-surgery. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. The ODG states that a TENS unit is not recommended in carpal tunnel syndrome. Transcutaneous electrical neurostimulation (TENS) units have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome, but are commonly used in physical therapy. The request as written does not specify a duration of use and the MTUS does not recommend this beyond the 30-day post op period. Furthermore, this treatment is not typically recommended for median neuropathy at the carpal tunnels symptoms. The request for DME Tens unit left wrist post op is not medically necessary.