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| <b>Case Number:</b>   | CM13-0032745 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 06/13/2012 |
| <b>Decision Date:</b> | 03/06/2014   | <b>UR Denial Date:</b>       | 09/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female with date of injury on 06/13/2012. The progress report dated 08/06/2013 by [REDACTED] indicates that the patient's diagnoses include: right shoulder sprain/strain, right shoulder pain, right elbow sprain/strain, right elbow pain, right wrist carpal tunnel syndrome, right wrist pain, low back pain, and abdominal pain. The patient presents with pain in the right shoulder, right elbow/forearm, right wrist, right hand/finger, low back, and abdomen. Exam findings included tenderness to palpation of the acromioclavicular joint, subacromial space, levator scapulae, muscles of the right shoulder and arm. There is decreased range of motion of the right shoulder. Empty can test was positive. Exam of the right elbow indicated tenderness to palpation of the medial and lateral epicondyles. There was decreased range of motion noted of the right elbow. There is tenderness to palpation of the right wrist with decreased range of motion. Orthopedic tests were positive for Grind test and TFCC load test. A request was made for the patient to have a TENS unit with supplies for home use in conjunction with a hot/cold unit as well as physical therapy and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for purchase or rental with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 116.

**Decision rationale:** The patient continues to present with persistent pain in multiple areas including the right shoulder, right elbow/forearm, right wrist, right hand/finger, low back, and abdomen. The treating physician indicates that the patient has continued pain despite pain medications and was requesting a home TENS unit for the patient in conjunction with recommendations for physical therapy and chiropractic treatment. The MTUS guidelines Regarding TENS unit therapy, the MTUS guidelines state that TENS unit therapy is not recommended as the primary treating 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. This patient has not yet undergone a satisfactory response to a 30-day trial of TENS unit therapy. Therefore, the requested TENS unit and supplies are not medically necessary or appropriate at this time.