

<b>Case Number:</b>	CM13-0038885		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Sports Medicine, and is licensed to practice in Arizona. 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 44-year-old who worked in a veterinary hospital and was carrying, along with another worker, a 170 pound dead dog when the proper grip was lost and the dog crashed down on the patient's left foot on 12-09-10. The patient sustained a complex regional pain syndrome secondary to a subluxation of the proximal interphalangeal joint of the second toe of the right foot, with a proximal stress reaction of the proximal phalanx of that toe, along with a non-displaced fracture at the base of the middle phalanx of that toe. According to a 9-14-13 medical report, the patient noted a 10 percent increase in size of the right lateral foreleg, dorsal foot numbness, and dorsolateral foot numbness. It was requested that he be allowed to purchase a TENS (transcutaneous electrical nerve stimulation) unit to alleviate his considerable discomfort (pain rated at 10/10) for which he was already taking a narcotic analgesic and a medication for nerve-associated pain), but this wasn't allowed, as he had not used a Tens unit at all, and it was therefore impossible to ascertain whether or not using it would help him.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The purchase of a TENS (Transcutaneous Electrical Nerve Stimulation) unit:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery, and a rental would be preferred over purchase during this 30-day period. The Tens unit might have been quite efficacious in alleviating his overall discomfort, but guidelines required that it be used for a month and its pain ameliorating and function improving abilities be ascertained before allowing for its purchase. The request for the purchase of a TENS unit is not medically necessary or appropriate.