

<b>Case Number:</b>	CM13-0048552		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/14/1996
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & Rehabilitation and is licensed to practice in Ohio and Texas. 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 59-year-old female who reported a work related injury on 04/14/1996. The patient presents for treatment of the following diagnoses, status post left carpal tunnel release as of 07/25/2013, and tendinitis of the bilateral elbows. The clinical note dated 08/22/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient was previously dispensed a TENS unit 16 years ago which no longer works. The provider documented the patient reports good results with the previous use of the TENS unit for all affected areas of the body. The provider documented the patient had declined postoperative physical therapy and would perform home physical therapy with assistance of a TENS unit if dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of a TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter.

**Decision rationale:** The current request is not supported. The provider documented the patient was rendered utilization of a TENS unit multiple years ago for her multiple bodily injury pain complaints. The provider documented the patient states good results with use of this modality. However, there was a lack of documentation of specific quantifiable efficacy noted, as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality as a result of utilizing a TENS unit. Official Disability Guidelines indicate a TENS unit is not recommended for utilization for patients with a presenting diagnosis of carpal tunnel syndrome. TENS units have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome but are commonly used in physical therapy. Given all the above, the request a TENS is not medically necessary or appropriate.