

<b>Case Number:</b>	CM13-0052644		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/12/2002
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in 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 injured worker is a 43-year-old male who reported an injury on 06/12/2002 secondary to an unknown mechanism of injury. His diagnoses include complicated open wound of the knee, late effects of open wound of extremities, chronic venous insufficiency not otherwise specified, and chronic pain. The injured worker was evaluated on 10/07/2013 and reported increasing pain in the left lower extremity, edema, and discoloration. On physical examination, the injured worker was noted to have a well healed scar over the medial aspect of the distal left lower leg. It was noted that there was no evidence of lesion, open wound, or infection. The injured worker was noted to have edema and discoloration extending over the medial aspect of the ankle and foot up to the midportion of the left lower leg without evidence of vascular insufficiency. It was noted that he had a history of deep venous thrombosis. The injured worker was recommended for an ultrasound of the left lower extremity to rule out deep venous thrombosis, anticoagulation therapy, and a vascular surgery consultation. A Letter of Medical Necessity dated 10/08/2013 was provided indicating a prescription for the purchase of a TENS unit. The documentation submitted for review failed to provide a Request for Authorization Form for the purchase of the TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for a TENS unit purchase is non-certified. The injured worker was evaluated on 10/07/2013 and reported left lower extremity pain with edema and discoloration. On physical examination, the injured worker was noted to have edema and discoloration without evidence of vascular insufficiency. The California MTUS Guidelines may recommend a 1 month home based TENS trial as a noninvasive conservative option for treatment of neuropathic pain or chronic regional pain syndrome if used as an adjunct to a program of evidence based functional restoration. The medical records submitted for review failed to provide a rationale for treatment with the TENS unit. There is no recent documentation of a diagnosis of neuropathic pain or chronic regional pain syndrome. There is also no recently documented evidence to indicate that the TENS unit would be used as an adjunct to a program of evidence based functional restoration. The guidelines also state that there should be documented evidence that other appropriate pain modalities (including medication) have been tried and failed. The most recent clinical note fails to document the injured worker's use of medications, and there is insufficient evidence to indicate that the injured worker has failed treatment with medications. Furthermore, the request as written is for the purchase of a TENS unit. The guidelines indicate that a rental would be preferred over purchase during the 1 month trial, and that there should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, the purchase of a TENS unit without documentation of quantifiable pain relief and objective functional improvement within a trial period, is not supported by evidence based guidelines at this time. As such, the request for TENS unit purchase is non-certified.