

<b>Case Number:</b>	CM13-0059948		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 patient is a 47-year-old female who sustained an unspecified injury on 07/24/2013. The patient was evaluated on 01/13/2014 for complaints of right shoulder and neck pain. The documentation notes the patient participated in physical therapy for shoulder and neck and stated she was feeling great. Physical examination findings noted no pain, no spasm, no deformity, no crepitus, no effusion, no swelling, and no tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of a home TENS device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

**Decision rationale:** The request for purchase of home TENS device is non-certified. The California MTUS Guidelines recommends the use of TENS units for chronic intractable pain related to neuropathic pain, phantom limb pain, and CRPS II, spasticity, and multiple sclerosis. The documentation submitted for review did not indicate the patient suffered from any of those

conditions. Furthermore, the documentation submitted for review did not indicate the patient had any pain upon assessment on 01/13/2014. The guidelines state the patient must have documentation of pain of at least 3 months duration. In addition, the guidelines state there must be evidence that other appropriate modalities have been tried and failed. The documentation submitted for review indicated the patient's previous treatment was effective and therefore, resulting in no pain. Furthermore, the guidelines recommend a home-based 30 day trial prior to the unit purchase. The documentation submitted for review did not indicate the patient had had a 30 day home-based trial. Given the information submitted for review, the request for purchase of a home TENS device is non-certified.