

<b>Case Number:</b>	CM13-0068678		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 49-year-old female who reported an injury on 11/11/2010. The mechanism of injury was not stated. The patient is currently diagnosed with bilateral carpal tunnel syndrome, bilateral shoulder impingement, hand pain, and arm pain. The patient was seen by [REDACTED] on 11/25/2013. The patient reported persistent pain in the hand, arm, head, and neck. Physical examination revealed positive Speed's testing, tenderness to palpation, decreased range of motion, weak grip strength, positive Phalen's testing, paraspinal spasm in the cervical spine with trigger points, and painful range of motion of the cervical spine. Treatment recommendations at that time included continuation of current medication and a TENS unit. A request for authorization was then submitted on 11/27/2013 by [REDACTED] for a GSM HD combo TENS with 4 lead/electrode supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GSM HD COMBO TENS UNIT WITH SUPPLIES (3 MONTH RENTAL):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, the patient has been previously treated with pain medication, NSAIDs, and injections. However, there is no documentation of a failure to respond to recent conservative treatment including physical therapy. There is also no evidence of a successful 1-month trial prior to the request for a purchase. California MTUS Guidelines state a 2-lead unit is generally recommended. The medical necessity for a 4-lead unit has not been established. There was also no documentation of a treatment plan with the specific short and long-term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.