

<b>Case Number:</b>	CM14-0000934		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented 28-year-old who has filed a claim for chronic radial tunnel syndrome, forearm pain, and carpal tunnel syndrome reportedly associated with an industrial injury of February 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and acupuncture; wrist bracing; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 2, 2013, the claims administrator denied a request for home TENS unit and six months of supplies. The applicant's attorney subsequently appealed. An October 6, 2013 progress note is notable for comments that the applicant reported persistent shoulder pain status post shoulder arthroscopy. The applicant was asked to pursue 12 sessions of physical therapy while remaining off of work, on total temporary disability. The applicant was also described as off of work, on total temporary disability, on November 21, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME TENS UNIT AND SUPPLIES X 6 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS UNIT,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF TENS TOPIC, PAGE 116

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Guidelines, purchase of and/or usage of a TENS unit and associated supplies beyond an initial one-month trial should be predicated on evidence of successful outcomes in terms of both pain relief and function with an earlier one-month trial of the TENS device. In this case, however, there has been no evidence of an earlier successful one-month trial of said TENS device. It does not appear that the applicant had received one-month trial of the TENS device in question before authorization for purchase for the device and six months of associated supplies were sought. Therefore, the request is not medically necessary.