

<b>Case Number:</b>	CM14-0005504		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and 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 injured worker is a 31 year old male who reported an injury on 8/29/13, due to a traumatic laceration to his right lateral lower leg. The injured worker was seen in urgent care where he received suture repair on 8/29/13. On 10/29/13, the injured worker was seen by the orthopedic for follow-up, who noted a healing wound. The injured worker complained of weakness in his foot despite healing of the wound. The injured worker completed physical therapy on 10/16/13. The injured worker was noted to have improvement, having good range of motion with plantar flexion (approximately 60 degrees). There was also noted decreased sensation over the area of the dorsal aspect of the foot. The injured worker will be followed in three weeks to increase his actives level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH HOME-BASED TRIAL OF NEUROSTIMULATOR TENS-EMS UNIT:**  
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 Chronic Pain Medical Treatment Guidelines, TENS unit Page(s): 114-116.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation of how the unit is to be used. In addition, there is a lack of documentation that the unit will be used as an adjunct to a program of evidence-based functional restoration. As such, the request is not medically necessary.