

<b>Case Number:</b>	CM14-0013767		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 52 year old female with an injury reported on 04/09/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/23/2013 reported that the injured worker complained of right wrist and forearm pain. The physical examination was negative for any significant abnormalities. The injured worker's diagnoses included right wrist and forearm tendinitis and right clinical carpal tunnel syndrome with normal nerve conduction studies stable. The provider requested a lifetime purchase TENS unit with [REDACTED] (brand name) program and supplies due to the injured worker reported being basically symptom free as long as she uses a TENS unit. The request for authorization was submitted on 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIFETIME PURCHASE TENS UNIT WITH [REDACTED] (BRAND NAME) PROGRAM AND SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, Chronic Pain (Tra.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, Page(s): 114-116.

**Decision rationale:** The request for lifetime purchase TENS unit with [REDACTED] (brand name) program and supplies is not medically necessary. The injured worker complained of right wrist and forearm pain. The physical examination was negative for any significant abnormalities. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There is a lack of clinical evidence of chronic intractable pain per documentation provided. There is a lack of information provided documenting the efficacy of the TENS unit as evidenced by decreased pain and significant objective functional improvements. Thus, the request is not medically necessary.