

<b>Case Number:</b>	CM14-0016898		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 injured worker is a 35-year-old female who reported a repetitive strain injury on 07/26/2013. Current diagnosis is chronic cervical strain with right shoulder pain and right arm numbness. The injured worker was evaluated on 01/08/2013. The injured worker reported persistent pain in the right upper extremity. The injured worker has been previously treated with physical therapy. Physical examination revealed severe pain with restricted range of motion of the cervical spine and guarding of the right upper extremity. Treatment recommendations at that time included acupuncture treatment, a TENS unit, and a consultation with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT PURCHASE: TENS UNIT (CERVICAL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Criteria For The Use Of Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should

be evidence that other appropriate pain modalities have been tried and failed. There is no documentation of a successful 1 month trial period prior to the request for a purchase. There is also no documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the aforementioned points, the current request for durable medical equipment purchase: tens unit (cervical) is not medically necessary.