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| <b>Case Number:</b>   | CM14-0019423 |                              |            |
| <b>Date Assigned:</b> | 04/21/2014   | <b>Date of Injury:</b>       | 10/21/2008 |
| <b>Decision Date:</b> | 07/02/2014   | <b>UR Denial Date:</b>       | 01/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/14/2014 |

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a date of injury 10/21/08. Her diagnoses include myofascial pain syndrome, carpal tunnel syndrome, metacarpophalangeal ganglia cyst, Thoracic Outlet Syndrome. A 7/31/13 AME recommended a TENS unit for 18 month for home use. An 11/13/13 document states that the certification for TENS unit pending and that the patient has noted this has been effective in therapy in the past. Additionally, the document states that she complains of mild left shoulder followed by hand pains. She denies numbness. Her brace helps. She completed 40 hours of FRP with good benefit. A 2/26/13 MR arthrogram of the left hand revealed no bony abnormality. A 1/16/14 office visits reveals that the patient complains of moderate left shoulder followed by hand pains. She feels the FRP really helped her pain and she continues her HEP daily. Certification for TENS unit is pending. She has noted this has been effective in therapy in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUAL CHANNEL 4 ELECTRODES 4 MODES PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary item is not medically necessary, none of the associated items are medically necessary.

**TENS UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** The guidelines state that a TENS unit can be used for chronic intractable pain neuropathic pain after a one-month trial period of the TENS unit is 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. Additionally, other ongoing pain treatment should also be documented during the trial period including medication usage. Furthermore, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The guidelines state that a 2-lead unit is generally recommended; and if a 4-lead unit is recommended, there must be documentation of why this is necessary. The documentation submitted does not include documentation of a one month trial with the above recommendations of usage and outcomes of the trial as well as medications used during this time. The documentation does not indicate there is a treatment plan with goals of treatment with the TENS unit. Furthermore, there is no discussion of why a 4 lead unit is recommended. The request for a TENS purchase is not medically necessary.