

<b>Case Number:</b>	CM14-0020449		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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:

This is a 48-year-old male patient with a 4/23/13 date of injury. 12/3/13 progress report indicates bilateral upper extremity paresthesias, some relief with cortisone injections. Physical exam demonstrates positive impingement signs at the left shoulder, tenderness over the left AC joint, wrist and hand tenderness. 11/12/13 progress report indicates persistent bilateral hand paresthesias. Physical exam demonstrates left shoulder AC joint tenderness, positive Hawkins and Neer's impingement test on the left side, tenderness of the bilateral dorsal wrist, volar wrist, and left TFCC. Treatment to date has included bilateral carpal tunnel steroid injections, medication, physical therapy, and TENS unit use. There is documentation of a previous 1/13/14 adverse determination for lack of intractable pain; lack of a TENS trial; and lack of failure of other conservative care. There was no plan of additional functional restoration with the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNITS AND SUPPLIES FOR 6 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (TENS) transcutaneous electrical nerve stimulation unit Page(s): 114-116.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history over the last months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific duration or request for a trial. Lastly, the requesting provider noted that the patient had already received a TENS unit back in November 2013. There is insufficient documentation to establish medical necessity for the requested TENS unit. Therefore, the request for TENS unit and supplies for 6 months was not medically necessary.