

<b>Case Number:</b>	CM14-0037621		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Nevada. 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 injured on June 2, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 14, 2014, indicated that there were ongoing complaints of left leg and left ankle pains. The physical examination demonstrated decreased sensation along the course of the left sural nerve and 4/5 muscle strength at the left leg and ankle. Nerve conduction studies showed results consistent with left sural neuropathy and left tarsal tunnel syndrome. Previous treatment included use of a transcutaneous electrical nerve stimulation (TENS) unit in physical therapy. A request had been made for a trial of a four lead home TENS unit for the left ankle and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of 4 lead home TENS unit for left ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Transcutaneous Electrical Neurostimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 114-115.

**Decision rationale:** The injured employee has been using a Transcutaneous Electrical Nerve Stimulation (TENS) unit in physical therapy with good results. The prior utilization management review did not certify the request for a four lead unit, stating there was no justification for four leads rather than two leads. The request for a four lead rather than a two lead unit is for stimulation of the nerve roots and sciatic nerve to the peroneal nerve requiring additional leads. Therefore, based on the MTUS Chronic Pain Medical Treatment Guidelines, the request for a four lead home TENS unit for the left ankle is medically necessary and appropriate.