

<b>Case Number:</b>	CM14-0067134		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 61 year old female whose date of injury is 09/11/2013. The mechanism of injury is undisclosed. Treatment to date includes corticosteroid injection into the left elbow, physical therapy, MRI scans and medication management. Per note dated 12/10/13, the injured worker was recommended to consider transcutaneous electrical nerve stimulation (TENS) unit for home use. Diagnosis is left biceps tendon rupture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS Unit device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, pages 114-117 Page(s): 114-117.

**Decision rationale:** There is no current, detailed physical examination submitted for review, and no specific time limited treatment goals were provided as required by MTUS Guidelines. There is no indication that the injured worker underwent a successful trial of TENS to establish efficacy of treatment. There is no documentation of recent treatments completed or the injured worker's response to treatment submitted for review. Based on the clinical information provided,

the request for one transcutaneous electrical nerve stimulation (TENS) unit device is not medically necessary.