

<b>Case Number:</b>	CM14-0070112		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 records presented for review, indicate that this 49-year-old female was reportedly injured on June 4, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 7, 2014, indicates that there were ongoing complaints of neck and low back pains. The pain levels were to be 5/10. The physical examination of the cervical spine was entirely within normal limits. There was a full range of motion, normal motor and sensory throughout both upper extremities. The assessment of the right wrist noted no swelling, no masses and no gross deformities. A surgical scar secondary to the carpal tunnel release was noted. A full range of motion was reported. The lumbar spine examination was also within normal limits, with the exception of a mild decrease in sensation in the L4 dermatome. Diagnostic imaging studies were not reviewed. Previous treatment included Flector patches and surgical intervention at the wrist. A request had been made for Transcutaneous Electrical Nerve Stimulation (TENS) unit and was not certified in the pre-authorization process on April 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit 30 day Trial:** Overturned

**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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 113-116 of 127 Page(s): 113-116 of 127.

**Decision rationale:** When noting the date of injury, the number of regions of the person involved, and that this request is for a 30-day trial, it is within the parameters outlined in the MTUS for a trial alone. There are other modalities being employed (flexor patches and cold therapy) as well as a home exercise program. Therefore, a 30-day trial alone is considered medically necessary.

**One PT visit for instruction:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) independent medical, page 127.

**Decision rationale:** There is a medical necessity for the underlying request, a trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and single physical therapy sessions for the injured employee on the proper application use of this device is medically necessary.