

<b>Case Number:</b>	CM14-0084242		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Illinois. 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 46-year-old male who reported an injury on 10/23/2009; the mechanism of injury was not indicated. The injured worker was diagnosed with hypertension and a stroke. Prior treatment was not provided in the medical records. Diagnostic studies included an echocardiogram. The surgical history was not provided in the medical documents. The clinical note dated 11/11/2013 noted the injured worker reported he had not received any therapy at that time. Upon examination of the left shoulder, motor function was 0/5. The injured worker's left knee and left shoulder range of motion were decreased. The clinical note dated 04/07/2014 noted the provider recommended the injured worker attend the center for neurocognitive rehab. The rationale for the request was not provided within the documentation. The Request for Authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit purchase:** Upheld

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

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

**Decision rationale:** The request for TENS/EMS is not medically necessary. The injured worker had a right temporoparietal cerebral hemorrhage with left hemiparesis on 10/2013. The injured worker stated his blood pressure was controlled. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The injured worker has 2 power scooters at home. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used. Therefore the request for TENS is not medically necessary.