

<b>Case Number:</b>	CM14-0120663		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Neurology 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:

The patient is a 43-year-old female who sustained an injury on 11/25/08. Mode of injury is noted to be from repetitive motion. She underwent left shoulder acromioplasty in 2001. She is diagnosed with extremity pain, lateral epicondylitis, shoulder pain, medical epicondylitis, and tendinitis. On an initial examination dated 5/8/14, a trial of Tens unit was requested. On 6/5/14 Tens unit trial and PRP injection was non-certified. The patient was seen on 6/5/14 complaining of right shoulder, right elbow, right forearm and right wrist pain rated 4-8/10. She is working and performing home exercise program. Tens unit was again requested. Utilization Review was performed on 7/2/14 at which time the request for Tens unit x 6 months was denied. The prior peer reviewer noted that the provided diagnosis of extremity pain, lateral epicondylitis, shoulder pain, medical epicondylitis, and tendinitis are all musculoskeletal and not neurologic. The request failed to meet the MTUS guidelines. The patient was seen on 8/26/14 at which time no changes were reported. Current medications include amitriptyline, Gabapentin, and Norco. Medications helped reduce pain level with minimal side effects. She is in the maintenance phase for ongoing opiate use. She has had conservative care including physical therapy, trigger point injections, NSAIDs, adjunctive treatment - ice, stretching and a home exercise program with significant pain relief. TENS unit was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation (TENS) unit rental, QTY: 6.00 months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 113-116.

**Decision rationale:** According to the California MTUS guidelines, TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for neuropathic pain, phantom limb pain and CRPS II, spasticity and Multiple Sclerosis. The patient is diagnosed with extremity pain, lateral epicondylitis, shoulder pain, medial epicondylitis, and tendinitis. The patient is not diagnosed with conditions that would benefit from a Tens unit. The request for Transcutaneous Electrical Nerve Stimulation (TENS) unit rental, QTY: 6.00 months is not medically necessary.