

<b>Case Number:</b>	CM14-0188259		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine & Rehabilitation, 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:

This is a 36-year old male patient with a date of injury on 7/11/2011. In a progress note dated 9/13/2014, the patient complained of right elbow pain. Pain was rated 3/10, and was described as intermittent, dull, and aching. Lifting objects with the arm and shoulder provoked the pain. Objective findings: The range of motion tests of right elbow were as follows: flexion was 130/140, supination was 70/80, and pronation was 70/80. In a 9/30/2014 progress report, the provider requested purchase of a home TENS unit. The diagnostic impression showed elbow and forearm sprain. Treatment to date: medication management, behavioral modification, surgery. A UR decision dated 10/15/2014 denied the request for Home Tens unit. The rationale provided regarding the denial was that it was unclear if this patient met the criteria for purchase of a Home Tens unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, in the present case, It was unclear if this patient previously had a one month trial of TENS unit. In a 9/30/2014 progress report, the provider requested purchase of this unit; however, documentation regarding how often the unit was used, and outcomes in terms of pain relief and function were not located. Therefore, the request for Home Tens Unit was not medically necessary.