

<b>Case Number:</b>	CM14-0192036		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 49 year old female with a work injury dated 9/12/11. The diagnoses include shoulder sprain/strain; thoracic/lumbar radiculitis; neck sprain/ thoracic sprain; brachial radiculitis; carpal tunnel syndrome; wrist sprain and bicipital tenosynovitis. Under consideration is a request for a TENS unit for home use. There is a 12/8/14 treating physician progress report states that the patient has lumbar, cervical, thoracic and right shoulder pain; right wrist and hand pain, low back . Her symptoms are described as aching and stabbing. there is tingling radiating down both legs to the toes. On exam there is tenderness in the cervical/thoracic paravertebral muscles, and trapezius with decreased cervical range of motion. There is tenderness in the lateral epicondyle in the right elbow, with full extension to 40 degrees of flexion. The right wrist carpal tunnel is slightly positive to two ulnar digits. The grip is weaker on the right compared to left. The right shoulder has moderate tenderness with decreased range of motion. The treatment plan states that her TENS unit has been approved and is waiting pick up. Will monitor the effect of this on her symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for Home Use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chronic updated 01/07/2014

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

**Decision rationale:** A TENS unit for home use is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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. The documentation does not indicate evidence of a TENS trial therefore the request for TENS Unit for home use is not medically necessary.