

<b>Case Number:</b>	CM14-0205615		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Emergency Medicine 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 injured worker is a 28 year-old male, who sustained an injury on August 2, 2013. The mechanism of injury is not noted. Treatments have included: TENS, medications, right ankle surgery, acupuncture. The current diagnoses are: right ankle trauma, s/p right ankle surgery. The stated purpose of the request for Retrospective: TENS (transcutaneous electrical nerve stimulation) Unit was to provide pain relief. The request for Retrospective: TENS (transcutaneous electrical nerve stimulation) Unit was denied on November 14, 2014, citing a lack of documentation of conservative treatment trials. Per the report dated November 25, 2014, the treating physician noted complaints of pain to the right lower extremity and right ankle. Exam showed right ankle tenderness to palpation with normal right ankle range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: TENS (transcutaneous electrical nerve stimulation) Unit:** 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, (transcutaneous electrical nerve stimulation). Page(s): 114 - 116.

**Decision rationale:** The requested Retrospective: TENS (transcutaneous electrical nerve stimulation) Unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but 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." The injured worker has right lower extremity pain. The treating physician has documented right ankle tenderness to palpation with normal right ankle range of motion. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from home use. The criteria noted above not having been met, Retrospective: TENS (transcutaneous electrical nerve stimulation) Unit is not medically necessary.