

<b>Case Number:</b>	CM15-0108040		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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:

This 42 year old male sustained an industrial injury to the arm on 2/15/13. Previous treatment included acupuncture, physical therapy and medications. In a PR-2 dated 4/29/15, the injured worker complained of persistent moderate shoulder, elbow and wrist pain, rated 7/10 on the visual analog scale, associated with anterior shoulder and hand numbness. The injured worker also complained of hip pain. The injured worker was awaiting hip surgery. Past medical history was significant for liver cirrhosis, diabetes mellitus, anemia and anascara. The physician described the injured worker as very sickly appearing, pale and exhausted by the effort of speaking. The injured worker's abdomen was distended with audible gurgling noises. The physician noted that the injured worker had ascites, esophageal varices and moderate to severe portal hypertensive gastropathy. Current diagnoses included bicipital tenosynovitis, medial and lateral epicondylitis, carpal tunnel syndrome and ulnar nerve lesion. The physician noted that the injured worker had benefit from passive therapy with transcutaneous electrical nerve stimulator unit during physical therapy. The treatment plan included requesting authorization for steroid injection to the shoulder and a transcutaneous electrical nerve stimulator unit with electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TENS Unit with Electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one-month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit with Electrodes is not medically necessary.