

<b>Case Number:</b>	CM15-0167194		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 50 year old male sustained an industrial injury on 9-27-10. He subsequently reported right hand pain. Diagnoses include joint pain hand. Treatments to date include MRI testing, surgery, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of right hand pain which radiates to the right upper extremity. Upon examination, right hand and finger ranges of motion are reduced. Tenderness to palpation is noted over the radial and ulnar side of the right wrist and proximal interphalangeal joint of the index finger, middle finger and ring fingers. A request for Retrospective Supplies for existing TENS Unit (07/04/2015) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Supplies for existing TENS Unit (07/04/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use-used for a medical reason. Not usually useful to someone who isn't sick or injured. Appropriate to be used in your home. While TENS patches do meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENS unit. As such, the request for Retrospective Supplies for existing TENS Unit (07/04/2015) is not medically necessary.