

<b>Case Number:</b>	CM15-0043089		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/26/2002
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 56-year-old female who sustained an industrial injury on 09/26/2002. Current diagnoses include cervical disc protrusion, chronic right cervical radicular symptoms, status post probable right ulnar nerve decompression/transposition and carpal tunnel release. Previous treatments included medication management, right ulnar nerve decompression/transposition and carpal tunnel release on 03/15/2004, soft tissue modalities, physical therapy, and exercise. Report dated 01/22/2015 noted that the injured worker presented with complaints that included cervical, thoracic, bilateral shoulder, right elbow, right wrist, and left wrist pain. Physical examination was positive for abnormal findings. The treatment plan included authorization for a TENS unit, prescribed Ketoprofen, Fexmid, and Tramadol. The physician noted that the injured worker has had beneficial results when using the TENS unit during her therapy, and notes that the injured worker has remained symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS 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 Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Due to the uncertain long-term benefits, Guidelines have very specific criteria that needs to be met prior to support of long term TENS unit use. The Guidelines state that there should be a 30 day rental and trial of a home unit with very specific documentation of use and benefits before purchase and longer term use of a TENS unit. There is the statement that it was helpful in therapy, but this is a very different standard than a 30-day trial in a home setting which has not been completed. Under these circumstances, the TENS unit is not supported by Guidelines and is not medically necessary.