

<b>Case Number:</b>	CM15-0047562		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/13/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on 07/13/2014. She reported injuring her lefts shoulder, left arm, and left elbow. The injured worker is currently diagnosed as having left wrist sprain/strain rule out carpal tunnel syndrome, moderate left carpal tunnel syndrome, left shoulder rotator cuff tear, and left elbow cubital tunnel syndrome. Treatment to date has included electromyography/nerve conduction studies, left shoulder MRI, physical therapy, and medications. In a progress note dated 01/29/2015, the injured worker presented with complaints of left shoulder and left elbow pain. The treating physician reported prescribing a Transcutaneous Electrical Nerve Stimulation Unit for treatment of sequelae arising out of the injured worker's industrial injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Purchase with 3 Months of Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
 Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Many other modalities are available for treating elbow and wrist disorders. The length of use was beyond a 1 month trial. The request for a 3 months TENS unit is not medically necessary.