

<b>Case Number:</b>	CM14-0097121		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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:

Patient with reported date of injury on 6/10/2013. Mechanism of injury is a fall into an industrial machine causing a tibial fracture. Patient has a diagnosis of R tibia fracture, torsional stress of tibia and painful gait. Medical reports reviewed. Last report available until 8/18/14. Patient complains of R tibia/leg pain. Worsens with weight bearing or movement. Objective exam reveals normal pulses in extremities. Noted edema over tibia. Normal hair growth. Normal sensation. Normal reflexes. No sympathetic changes. Strength is normal. R tibia with noted tenderness and pain. TENS-EMS unit was requested but there is nothing noted in progress notes dated 3/10/14, 6/2/14 or 8/11/14 concerning that request. MRI of R tibia/fibula(7/10/14) reportedly showed displaced fracture involving shaft of tibia. Difficult to assess extent of bony healing. Medication list was not provided for review. There is no mention of any medications that patient is on. Treatment has included surgery, medications, physical therapy and orthopedic boot. Independent Medical Review is for Neurostimulator TENS-EMS(R tibia, R foot) 1 month home trial. Prior UR on 6/11/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home-based trial neurostimulator TENS-EMS (right tibia, right foot):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for his pain. There is no documented short and long term goal for the TENS. There is no documentation of objective pain measurement or how pain is being treated. There was no documented rationale for TENS request. Pt also does not meet TENS criteria for post-operative pain since it is recommended only for the first 30days post-operatively. Pt is past 10months during the time of the request. Pt does not meet any criteria to recommend TENS trial. TENS is not medically necessary.