

<b>Case Number:</b>	CM15-0002716		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 47 year old female who sustained an industrial injury on May 17, 2014. The mechanism of injury was a slip and fall. The injured worker reported a left ankle pain. Diagnoses include left ankle sprain and contusion. Treatment to date has included medication management, diagnostic testing and physical therapy. An MRI of the left ankle dated July 10, 2014 revealed a bony trabecular injury/contusion. The current documentation dated November 5, 2014 notes that the injured worker complained of left ankle and foot pain rated at a two out of ten on the Visual Analogue Scale. The injured worker underwent a transcutaneous electrical nerve stimulation unit trial of the left ankle for fifteen minutes in the physician's office. She tolerated the procedure well and rated her pain at a one out of ten on the Visual Analogue Scale. There was also increased range of motion and relaxation of the muscles post procedure. On January 6, 2015, the injured worker submitted an application for IMR for review of the purchase of a transcutaneous electrical nerve stimulation unit. On December 10, 2014 Utilization Review evaluated and non-certified the request for a transcutaneous electrical nerve stimulation unit purchase. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit DOS 11/05/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on TENS, page 114 supports the use of a TENS unit for purchase for neuropathic pain if there has been a one-month home-based TENS trial demonstrating functional improvement. Such a TENS trial was previously certified. A PR-2 report of 11/05/2014 states that the patient completed a successful TENS trial with decreased pain down to 1/10 and resulted in more relaxed muscles and increased range of motion to the ankle. An initial physician review acknowledges that there was noted improvement from a trial of TENS unit, but states it was unclear whether this trial was performed for one month, resulting in sustained improvements in work status. The PR-2 report does contain sufficient detail to demonstrate that the patient achieved functional improvement from the initial TENS trial. The treatment guidelines have been met. This request is medically necessary.