

<b>Case Number:</b>	CM15-0016216		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 6/24/2010. The diagnoses have included right shoulder and right elbow sprain/strain, right wrist pain and right wrist De Quervain's tenosynovitis. Treatment to date has included medications. Magnetic resonance imaging (MRI) of the right shoulder revealed osteoarthritis and tendinosis. According to the physician report dated 12/22/2014, the injured worker complained of burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. The pain was rated 6-7/10. The injured worker also complained of burning right elbow pain and muscle spasms and burning right wrist and hand pain and muscle spasms. She also complained of weakness, numbness and tingling of the hand and fingers. The injured worker was noted to be currently taking over the counter medications for pain relief. Right shoulder exam revealed tenderness to palpation and decreased range of motion. Right elbow exam revealed tenderness to palpation and decreased range of motion. Right wrist exam revealed tenderness at the carpal bones and decreased range of motion. Prescriptions were given for medications. Physician recommendation was for chiropractic and acupuncture treatment and shockwave therapy. Authorization was requested for a Transcutaneous Electrical Nerve Stimulation (TENS) Unit with supplies for home use. On 1/6/2015, Utilization Review (UR) non-certified a request for Purchase Or Rental Of A Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS)/Electrical Muscle Stimulation (EMS) unit and One Month Supplies (Electrodes, Batteries And Lead Wires). The Medical Treatment Utilization Schedule (MTUS) was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month supplies (Electrodes, Batteries and Lead Wires): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121 (.pdf format).

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation for a trial of this modality for this particular injury therefore there is no indication for TENS supplies. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.

**Purchase or Rental of Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS) Electrical Muscle Stimulation (EMS) Unit.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121 (.pdf format).

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation for a trial of this modality for this particular injury. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.