

<b>Case Number:</b>	CM15-0018922		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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:

The injured worker is a 22 year old female, who sustained an industrial injury on 12/20/13. On 2/2/15, the injured worker submitted an application for IMR for review of Retro TENS unit E0730 purchase. The treating provider has reported the injured worker complained of left leg/foot pain with swelling. Notes dated 12/8/14 indicate injured worker sustained a closed toe fracture to the left foot 12/20/13. The diagnoses have included sprain/strain knee and/or leg, fracture, phalanges of foot. Treatment to date has included x-rays left foot, MRI left lower extremity Knee, post-operative shoe, left lower extremity ultrasound 98/4/14)medications. On 1/16/15, Utilization Review non-certified Retrospective request for TENS unit E0730 purchase. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro TENS unit E0730 purchase:** 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 TENS chronic pain Page(s): 114-1212.

**Decision rationale:** The 1/16/15 Utilization Review letter states the Retro TENS unit purchase requested on the 1/07/15 was denied because the patient has not failed medications; and there was no indication that TENS was used as an adjunct to a functional restoration program. According to the 1/7/15 medical report the patient has foot sprain; knee sprain; and phalanges, foot fracture from a 12/20/2013 injury. The physician requests a TENS trial on 1/7/15. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, phantom limb pain, Spasticity; or Multiple Sclerosis. The patient is not reported to have neuropathic pain, CRPS, phantom limb, spasticity or MS that would allow for a 30-day trial of TENS and MTUS does not recommend purchase of TENS without a 30-day trial. The request is not in accordance with MTUS guidelines. The request for Retrospective review for TENS unit E0730 purchase, IS NOT medically necessary.