

<b>Case Number:</b>	CM15-0112262		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old male, who sustained an industrial injury on 4/27/11. Initial complaints were not reviewed. The injured worker was diagnosed as having other post-surgical status; traumatic arthropathy right ankle/foot; tenosynovitis right foot/ankle unspecified fracture right ankle-closed. Treatment to date has included status post right ankle surgery (4/28/12); physical therapy. Currently, the PR-2 notes dated 5/13/15 indicated the injured worker came to the clinic on this date after trailing a TENS unit for 15 minutes on the right ankle. He tolerated well, pain decreased to 5/10 with muscles more relaxed and increased range of motion. He has right ankle surgery on 4/28/11. The provider is requesting authorization for a retrospective TENS unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective TENS unit for home use: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

**Decision rationale:** The claimant sustained a work injury in April 2011 and underwent right ankle surgery in April 2012. He continues to be treated for right ankle pain. When seen, a 15-minute trial of TENS was provided with decreased pain, improving range of motion, and muscle relaxation. Authorization for a home unit was requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit for indefinite use based on a single 15 minute treatment was not appropriate or considered medically necessary.