

<b>Case Number:</b>	CM15-0078804		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 67 year old female who sustained an industrial injury on 04/30/2012. The injured worker complains of chronic hand and shoulder pain. Diagnoses include fracture right hand fifth metacarpal bone proximal shaft, contusion of right shoulder region. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/12/2015 documents the injured worker has complaints of a sore right shoulder, and elbows. She would like to try a Transcutaneous Electrical Nerve Stimulation unit again since it worked with physical therapy. Bilateral hands, wrists and digits have full range of motion. Range of motion in her bilateral shoulders reveals no significant difference between active and passive range of motion. There was no tenderness in the right shoulder. There were multiple tender points in the thoracic spine, bilateral scapula right greater than left, and slight tenderness in the cervical spine and right trapezius. Treatment requested is for TENS unit x1 for right-hand purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit x1 for right-hand purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

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

**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. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.