

<b>Case Number:</b>	CM13-0031581		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55 year old female who reported an injury on 10/14/2009. The mechanism of injury was repetitive trauma related to job duties. The subsequent diagnoses include residuals of right shoulder arthroscopic decompression and distal clavicle resection; lumbar spine muscular ligamentous strain with early spondylosis and disc degeneration; borderline carpal tunnel syndrome of the left wrist; and multilevel disc degeneration and spondylosis of the cervical spine. She has received chiropractic care, physical therapy, acupuncture, and steroid injections to treat her chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**sixteen (16) electrodes, pair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines recommend transcutaneous electrotherapy as an adjunct treatment to physical therapy. The conditions that are recommended to be treated with a TENS unit include neuropathic pain, phantom limb pain, spasticity, and Multiple

Sclerosis. The medical records state that the initial TENS was prescribed for post-operative treatment and current notes state the patient has spasms. California MTUS guidelines state that efficacy must be documented by using VAS pain scales and indicators of functional ability. However, there is no objective documentation showing the efficacy of this treatment as it relates to the patient's pain on a VAS scale or functional abilities from the post-operative period to the most current clinical note dated 12/11/2013. The California MTUS guidelines also state that a treatment plan with specific long and short term goals and an adjunct physical restoration plan should be submitted with the request. Due to the lack of the aforementioned items, the indication for TENS is not supported. Therefore, request for 16 pair electrodes is non-certified.

**twenty-four (24) replacement batteries:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines recommend transcutaneous electrotherapy as an adjunct treatment to physical therapy. The conditions that are recommended to be treated with a TENS unit include neuropathic pain, phantom limb pain, spasticity, and Multiple Sclerosis. The medical records state that the initial TENS was prescribed for post-operative treatment and current records indicate that the patient has muscle spasms. California MTUS guidelines state that efficacy must be documented by using VAS pain scales and indicators of functional ability. However, there is no objective documentation showing the efficacy of this treatment as it relates to the patient's pain on a VAS scale or functional abilities from the post-operative period to the most current clinical note dated 12/11/2013. The California MTUS guidelines also state that a treatment plan with specific long and short term goals and an adjunct physical restoration plan should be submitted with the request. Due to the lack of the aforementioned items, the indication for TENS is not supported. Therefore, request for 24 replacement batteries is non-certified.

**thirty-two (32) adhesive remover wipes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines recommend transcutaneous electrotherapy as an adjunct treatment to physical therapy. The conditions that are recommended to be treated with a TENS unit include neuropathic pain, phantom limb pain, spasticity, and Multiple Sclerosis. The medical records state that the initial TENS was prescribed for post-operative treatment and current records indicate that the patient has muscle spasms. California MTUS guidelines state that efficacy must be documented by using VAS pain scales and indicators of

functional ability. However, there is no objective documentation showing the efficacy of this treatment as it relates to the patient's pain on a VAS scale or functional abilities from the post-operative period to the most current clinical note dated 12/11/2013. The California MTUS guidelines also state that a treatment plan with specific long and short term goals and an adjunct physical restoration plan should be submitted with the request. Due to the lack of the aforementioned items, the indication for TENS is not supported. Therefore, request 32 adhesive remover wipes is non-certified.