

<b>Case Number:</b>	CM13-0048550		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 42 yo female who sustained an industrial injury of 03/16/2012. She felt pain in her right shoulder after using a guillotine at work followed by carrying a box which weighed approximately 3 pounds. She has diagnoses of chronic neck pain with degenerative changes C4-C7, right shoulder impingement, right lateral epicondylitis, right wrist extensor tenosynovitis, right carpal tunnel syndrome, chronic low back pain and anxiety/depression. On exam she has decreased range of cervical motion with paraspinal muscle tenderness, pain with range of motion of the right shoulder, pain at the right lateral epicondyle to palpation and right wrist/hand tenderness with a positive Tinel and Phalen sign at the right wrist. She also has low back pain with radiation to the right leg. She has been treated with medication and physical therapy. The treating provider has recommended purchase of a TENS unit and a home exercise kit (overhead pulley, exercise ball and Theraband).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** The requested purchase of a TENS is not medically necessary. Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the claimant is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Home exercise kit (overhead pulley, exercise ball and Theraband):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Chronic low back pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

**Decision rationale:** The guidelines from [REDACTED] note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation provided indicating that the requested home exercise kit (overhead pulley, exercise ball and Theraband) is necessary to improve her neck, shoulder and back conditions. The claimant has participated in physical therapy and the requested equipment is not specifically required to ensure subjective, objective and functional benefit to her condition. Medical necessity for the requested item has not been established. The requested item is not medically necessary