

<b>Case Number:</b>	CM13-0054379		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Family Practice, and is licensed to practice in California. 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:

This is a 65-year-old female who reported an injury on 08/05/2008. On physical exam on 09/12/2013, the patient presented complaining of continued pain in the left shoulder, neck, elbow, hands, and both knees. The patient attributed the pain due to returning to work and going through an exercise program and then reportedly falling and having new injuries. The neck pain was described as aching, spasms, and shooting pain radiating down the left arm; pain rated at 4/10. There was also reportedly sharp, stabbing, and aching to left shoulder, as well as bilateral knee and left elbow pain. Physical examination revealed painful and restricted range of motion. The diagnosis included chronic cervical spine strain, non-verified left C6-8 radiculopathy, chronic left shoulder sprain, status post left shoulder arthroscopy, impingement syndrome of the left shoulder, and left carpal tunnel syndrome. The plan was then for the patient to have chiropractic treatment 2 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Force Stimulator Patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.sevenesaadm.com/force-stimulatori>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

**Decision rationale:** The California MTUS Guidelines states a TENS is not recommended as a primary treatment modality, but 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. The request for X-force stimulator patches is non-certified. There was no clinical information provided to support the use of the TENS unit as there was a lack of documentation supporting other appropriate pain modalities have been tried and failed. The guidelines also would support a 30 day trial prior to purchase to determine efficacy. The clinical information submitted did not indicate the patient has undergone a 30 day trial to meet guideline criteria. The request for the X-force stimulator patches is non-certified.

**TENS supplies in the form of electrodes:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines states a TENS is, "not recommended as a primary treatment modality, but 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." The request for the TENS supplies in the form of electrodes is non-certified. There was no clinical information provided to support the use of the TENS unit as there was a lack of documentation supporting other appropriate pain modalities have been tried and failed. The guidelines also would support a 30 day trial prior to purchase to determine efficacy. The clinical information submitted did not indicate the patient has undergone a 30 day trial to meet guideline criteria. As such, the request is non-certified.