

<b>Case Number:</b>	CM13-0057348		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 has a subspecialty in Interventional Spine 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 49 year old female with a 5/11/11 industrial injury claim. According to the 10/16/13 report from [REDACTED], the patient has: chronic headaches; bilateral shoulder impingement syndrome; blood pressure out of control due to orthopedic condition; Temporomandibular Joint and Muscle Disorders (TMJ), due to stress, pain and headaches. [REDACTED] recommended a TENS unit, a pain management follow-up, and neurology and psychiatry evaluations. UR on 10/30/13 denied the TENS unit and Active Release therapy 2x4, based on [REDACTED] 10/16/13 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for Home Use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

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

**Decision rationale:** The patient presents with headaches and bilateral shoulder impingement. The physician has requested the TENS unit based on the recommendations of the chiropractor.

The chiropractic notes were not provided for this IMR, so the rationale for the TENS is unknown. I cannot tell if the MTUS criteria for TENS has been met. There is no mention of the 30-day trial of TENS, or improved functional benefit. Based on the available information, the TENS unit does not appear necessary. MTUS states TENS can be used for neuropathic pain, or CRPS, MS, phantom limb, or spasticity in spinal cord injury. The patient was not reported to have CRPS, or neuropathic pain or any of the pain conditions for which MTUS recommends the TENS. The request does not appear to be in accordance with MTUS guidelines.

**Active Release Therapy twice a week for four weeks for the bilateral shoulders, the left leg, left arm and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment and Manual Therapy and manipulation Page(s): 30,58.

**Decision rationale:** The patient presents with headaches and upper extremity pain. The 10/16/13 report from [REDACTED] does not discuss active release therapy other than stating it was recommended by the AME. The request before me is for active release therapy 2x4 for the bilateral shoulders, neck, left leg and arm. I am not able to tell why this therapy is needed for the left leg, as the 10/16/13 report does not have subjective, or objective findings on the left leg, nor was there a left leg condition listed in the diagnoses. MTUS specifically states that manual therapy, including chiropractic care for the forearm, wrist or hands is not recommended. The reporting does not document functional improvement with prior manual therapy. The request is not consistent with MTUS guidelines.