

<b>Case Number:</b>	CM13-0057845		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/01/2001
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 59-year-old female who reported an injury on 02/01/2001. The mechanism of injury was not stated. Current diagnoses include bilateral shoulder tendinitis and carpal tunnel syndrome. The injured worker was evaluated on 09/09/2013. The injured worker reported persistent pain in the bilateral upper extremities. The injured worker reported relief of symptoms with the use of an H-wave unit and physical therapy. Physical examination revealed 160 degree range of motion of the bilateral shoulders with pain over the biceps tendon. Treatment recommendations included completion of physical therapy and continuation of H-wave stimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF HOME TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a home home-based trial may be considered

as a non-invasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, the injured worker reported an improvement in symptoms following the use of an H-wave stimulation unit and physical therapy. There is no documentation of a failure to respond to other appropriate pain modalities. There is also no evidence of a successful 1 month trial prior to the request for a unit purchase. Based on the clinical information received and California MTUS Guidelines, the request is not medically necessary.