

<b>Case Number:</b>	CM13-0066643		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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:

The patient is a 53 year old female who was injured on 08/12/2011 when she fell at work and landed on the right shoulder. Prior treatment history has included 6 Physical Therapy sessions to the right shoulder and 6 Physical Therapy sessions to the bilateral knees, chiropractor, and an injection to the right shoulder which was of temporary benefit. Diagnostic studies included a MRI of the right shoulder performed on 01/04/2012 that revealed supraspinatus and infraspinatus tendinosis, likely with tiny zones of partial intrasubstance tear. There was postero superior labral tear associated with a paralabral cyst. There was synovitis versus loose bodies within the biceps tendon sheath. MRI of the right shoulder performed 09/07/2012 revealed widening and bright signal of the supraspinatus tendon, near the insertion site with fluid in the subacromial subdeltoid bursa which indicated a full thickness tear. There was spur formation of the acromioclavicular (AC) joint and separation and separation of this joint by 5 mm. EMG of the UE's (Upper Extremities ) performed 09/28/2012 revealed abnormal electromyography study of the cervical spine and upper extremities in a pattern consistent with distal axonal polyneuropathies of the bilateral upper extremities. Nerve conduction study performed 09/28/2012 revealed abnormal nerve conduction velocity/SSEP study with Electrodiagnostic findings of mild distal sensorimotor polyneuropathies of the bilateral upper extremities. PR-2 note dated 08/07/2013 documented the patient to have complaints of intermittent right shoulder pain which was severe, dull, achy, and sharp in nature, associated with pushing, pulling repetitively and overhead reaching. The patient complained of right knee pain that was frequent, severe, dull, achy, and sharp in nature, associated with standing, walking, driving, bending, kneeling and squatting. The patient complained of ongoing swelling and giving way of knee while walking. Pain severity was 9/10. Objective findings on exam included right shoulder ranges of motion were decreased and painful. There was +3 tenderness to palpation of the anterior shoulder and supraspinatus.

Supraspinatus press was positive. Right knee gait showed slow guarded limp, patient used SPC to ambulate. There was +3 tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. McMurray's was positive. PR-2 note dated 06/14/2013 documented the patient to have complaints of intermittent right shoulder severe dull, achy, and sharp pain. The patient had right knee complaints of frequent, severe, dull, achy, and sharp pain. Pain severity was 9/10. Objective findings on exam included right shoulder ranges of motion were decreased and painful. There was +3 tenderness to palpation of the anterior shoulder and supraspinatus. Supraspinatus Press was positive. The right knee revealed gait with a slow guarded limp. The patient used SPC to ambulate; Favors LLE; There was +3 tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. McMurray's was positive. Orthopedic report 05/18/2013 recommended right shoulder RTC (Rotator Cuff f) repair, arthroscopy, SA ( Subacromial) decompression, and AC (acromioclavicular) resection, also recommends right knee arthroscopic surgery with debridement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Decision for Retrospective one month home base trial of Neurostimulator TENS-EMS (4/10/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117,121.

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

**Decision rationale:** Per CA MTUS, the use of a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions of CRPSII (Complex Regional Pain Syndrome Type 2 ), neuropathic pain including diabetic neuropathy and post herpetic neuralgia, phantom limb pain and spasticity due to spinal cord trauma and multiple sclerosis. The patient's listed diagnoses as of the date of the request included rotator cuff tear, impingement syndrome, shoulder sprain/strain, knee internal derangement, knee sprain/strain, loss of sleep and sleep disturbance. These do not fit within the guidelines conditions for use. Further, there is no documentation that the use of the TENS unit was done in conjunction with a functional restoration program. Therefore, Decision for Retrospective one month home base trial of Neurostimulator TENS-EMS (4/10/13) is not medically necessary and appropriate

**Decision for Retrospective extended rental of Neurostimulator TENS-EMS for the period of medical necessity (8/30/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117,121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 116.

**Decision rationale:** Per CA MTUS, Criteria for the use of TENS states "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function". The patient was documented as having unchanged symptoms from one visit to the other during the supposed use of the TENS unit with pain rating 9/10 on 06/14/2013 and 08/07/2013. Further, as was the case with the initial one month try, the patient was not in an ongoing functional restoration program during use. There is no mention in the records provided, during the timeframe in question, what modalities were be done, what medication was being prescribed and how the treatments were effecting the patients pain relief and function. Therefore, Decision for Retrospective extended rental of Neurostimulator TENS-EMS for the period of medical necessity (8/30/13) is not medically necessary and appropriate.