

Case Number:	CM14-0015258		
Date Assigned:	02/28/2014	Date of Injury:	10/14/2013
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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 Licensed in Chiropractics and is licensed to practice in Texas. 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 56-year-old male who reported an injury while unloading a truck on 10/14/2013. Within the clinical note dated 12/12/2013, the injured worker complained of cervical spine pain that was intermittent, moderate, dull, achy, sharp neck pain with stiffness. The injured worker also complained of left shoulder pain that was intermittent, moderate, dull, achy, and sharp with stiffness and weakness associated with pushing, pulling repetitively and squatting. It was noted the pain did not improve with therapy. The injured worker complained of right shoulder pain that was intermittent, moderate, dull, achy and sharp associated with overhead reaching. He complained of left knee pain that was intermittent, moderate, dull, achy and sharp with stiffness and weakness associated with sitting, standing, walking, bending and squatting. Within the physical examination of the cervical spine, the range of motion was annotated as decreased and painful with extension to 55/60, flexion to 45/50, left lateral bending to 40/45, left rotation to 80/80, right lateral bending to 40/45 and right rotation to 80/80. There was 3+ tenderness to palpation of the cervical paravertebral muscles with muscle spasms. Cervical compression was noted to be positive with cervical distraction noted to be positive bilaterally. Examination of the left shoulder revealed abduction to 90/180, adduction to 30/40, extension to 25/50, external rotation to 80/90, flexion to 100/180 and internal rotation to 80/80. There was 3+ tenderness to palpation of the anterior shoulder, lateral shoulder and posterior shoulder with a positive supraspinatus press. The physical examination of the right shoulder revealed crepitus with decreased range of motion with pain. It was annotated that there was 3+ tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and supraspinatus with supraspinatus press being positive. The physical examination of the left knee revealed decreased and painful range of motion with 3+ tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. A positive McMurray's test was noted. The

diagnoses included cervical muscle spasm, cervical pain, cervical radiculopathy, cervical sprain/strain, right shoulder pain, right shoulder sprain/strain, and rule out right shoulder internal derangement. The treatment plan included a request for an EMG/NCV of bilateral upper and lower extremities, an x-ray of the cervical spine and right shoulder, an MRI of bilateral shoulders, cervical spine, left knee, physical therapy 2 times 4 to increase range of motion, to increase activities of daily living and decrease pain, a referral to MD for medication, a request for a home TENS/EMS unit to help increase range of motion and decrease pain and a referral for acupuncture 2 times 4 to increase range of motion and increase activities of daily living and decrease pain. The Request for Authorization of EMS/TENS unit for home use and the provider's rationale for the request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS/TENS UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and Official Disability Guidelines (ODG) /Integrated Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116, 121.

Decision rationale: The request for EMS/TENS unit for home use is non-certified. The California MTUS guidelines state that 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. The guidelines state the criteria for the use of TENS includes documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines recommend a one-month home-based trial period of the TENS unit (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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The guidelines state neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In the clinical documentation provided for review, it was not indicated if the TENS unit was to be used in adjunct with a program of evidence-based functional restoration. Within the provided documentation there was a lack of documentation indicating the injured worker completed a one month home-based TENS trial with documented efficacy and information pertaining to the usage frequency of the TENS unit. There was a lack of documentation indicating the injured worker's need for a combination unit, as neuromuscular electrical stimulation not recommended and is primarily used as part of a rehabilitation program post stroke. The guidelines only recommend a one-month trial. Therefore, the request for EMS/TENS unit for home use is non-certified.

