

<b>Case Number:</b>	CM14-0026887		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, 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 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 47 year old male whose date of injury is 10/11/2013. The mechanism of injury is described as lifting heavy boxes which resulted in injury to the injured worker's neck, left shoulder and left upper extremity. Progress report dated 01/29/14 indicates that he has continued improvement with his chiropractic care. Diagnoses are cervical spine strain, cervical radicular syndrome, left rotator cuff tendinitis and impingement syndrome, internal derangement of the left knee with medial meniscus tear, resolved right elbow injury, and degenerative joint disease of the cervical spine. He was provided a Transcutaneous Electrical Nerve Stimulation (TENS) unit on this date to provide symptomatic relief, decrease reliance on medication, increase function and activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for Transcutaneous Electrical Nerve Stimulation (TENS) unit is not recommended as medically necessary. The submitted records indicate that the injured worker was provided a Transcutaneous Electrical Nerve Stimulation (TENS) unit in January 2014. The injured worker's objective, functional response to the unit is not documented to establish efficacy of treatment as required by California Medical Treatment Utilization Schedule Guidelines CA MTUS Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided, in accordance with CA MTUS Guidelines. The request is not medically necessary and appropriate.