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| <b>Case Number:</b>   | CM14-0033228 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 10/11/2013 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2014 |

### 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 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 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 who reported an injury on 10/11/2013. The mechanism of injury was not stated. Current diagnoses include cervical spine strain, cervical radicular syndrome, left rotator cuff tendonitis and impingement syndrome, internal derangement of the left knee with a medial meniscus tear, resolved right elbow injury, and degenerative joint disease in the cervical spine. The injured worker was evaluated on 01/29/2014 with reports of an improvement in symptoms following chiropractic treatment. Physical examination revealed tenderness to palpation of the cervical spine, limited range of motion, increased pain with cervical flexion and extension, tenderness to palpation over the left upper paravertebral muscles with mildly limited lumbar range of motion, tenderness to palpation over the anterior rotator cuff, mild AC joint and bicipital tenderness, positive impingement and grind testing, limited range of motion, tenderness to palpation over the medial joint line of the knee, medial pain with McMurray's maneuver, mild patellofemoral instability, and 0 to 120 degree range of motion. Treatment recommendations at that time included continuation of chiropractic therapy and TENS therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Units:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state transcutaneous electro therapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive 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 chiropractic therapy. There is no documentation of a failure to respond to other appropriate pain modalities. Furthermore, the MTUS Chronic Pain Guidelines recommend a 1 month trial prior to a unit purchase. Based on the clinical information received and the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.