

<b>Case Number:</b>	CM14-0039471		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Occupational 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:

According to the records made available for review, this is a 60-year-old male with a 7/16/12 date of injury. At the time (3/24/14) of the Decision for purchase of home TENS/EMS unit for the right knee and right shoulder, there is documentation of subjective (3-4/10 pain level in right shoulder and at night, knee throbbing sub patella) and objective (none specified) findings. Current diagnoses is a right shoulder sprain, internal derangement, impingement syndrome, status post arthroscopic surgery 1997, status post arthroscopic ACL repair [REDACTED] 4/19/92, right knee sprain and internal derangement, and 2 cm atrophy of the right thigh. Treatment to date includes medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of home TENS/EMS unit for the right knee and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS); Neuromuscular Electrical Stimulation Page(s): 113-117; 121.

**Decision rationale:** Regarding TENS, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Regarding EMS, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for purchase of home TENS/EMS unit for the right knee and right shoulder is not medically necessary.