

<b>Case Number:</b>	CM14-0044541		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Nevada. 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 records presented for review indicate that this 52 year old female was reportedly injured on February 3, 2012. The mechanism of injury was a slip and fall. The most recent progress note, dated March 26, 2014, indicated that there were ongoing complaints of cervical spine pain, right shoulder pain, right elbow pain, and right wrist pain. The physical examination demonstrated decreased right shoulder range of motion and a positive right shoulder impingement test. Examination of the right elbow noted tenderness at the lateral epicondyles and at the triceps insertion. Voltaren and a urine drug test were requested. The usage of a transcutaneous electrical nerve stimulator (TENS) unit was also prescribed. A right shoulder injection and a cervical spine epidural steroid injection were recommended. Diagnostic imaging studies were not reviewed during this visit. A request was made for a functional capacity evaluation and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Improvement Measures, updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, functional improvement measures are an important assessment that can be used repeatedly over the course of treatment to determine improvement of function that might otherwise deteriorate. Therefore, this request for a functional capacity evaluation is medically necessary.

**Neurostimulator TENS-EMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113-116 of 127.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines the criteria for the use of a transcutaneous electrical nerve stimulator (TENS) unit includes a previous one month trial as well as documentation and other pain modalities have been tried and failed including medications. There is no documentation that these criteria have been met. Considering this, the request for the use of a TENS unit is not medically necessary.