

<b>Case Number:</b>	CM14-0056295		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family 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:

This is a 56 year old patient who reported an industrial injury on 4/30/2008, over six (6) years ago, attributed to the performance of customary job tasks. The patient complained of ongoing neck, bilateral knee, and right shoulder pain. The patient was noted to have received Orthovisc injections to the right knee. The objective findings on examination included decreased painful range of motion with crepitus to the left knee; antalgic gait; right knee documented improvement extension and decrease crepitus. The patient was diagnosed with degenerative joint disease of the knees; neck sprain/strain; shoulder arms sprain/strain; and chronic pain syndrome. The patient was prescribed Pamelor; Gralise, Fioricet; Flector patch; Tylenol. The treatment plan included electric muscle stimulator supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**E-Stimulator Unit Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines tens unit for chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-- TENS unit for chronic pain; Elbow chapter--Tens unit.

**Decision rationale:** The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit for the treatment of the cited diagnoses. The ACOEM Guidelines does not recommend the use of the TENS Unit for the treatment of acute/chronic upper back, neck, elbow or wrist pain. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. The requesting provider documented no objective evidence of any functional improvement for the cited neck, shoulder, and bilateral knee pain. There is no demonstrated medical necessity for the continued use of the TENS unit with supplies for the cited diagnoses. There is no justification for the use of the 4-lead TENS unit as required by the MTUS Chronic Pain Guidelines. The use of the TENS unit for the treatment for the elbow/wrist/hand/forearm is not recommended by the MTUS Chronic Pain Guidelines or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the hand/forearm for the effects of the industrial injury. The TENS unit is directed to chronic neck, shoulder, and knee pain issues. The MTUS Chronic Pain Guidelines and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The MTUS Chronic Pain Guidelines only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the neck, shoulder, elbow, wrist, forearm, or hand. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the left elbow. There is no demonstrated medical necessity for the prescription of electric muscle stimulator supplies for the effects of the industrial injury.