

Case Number:	CM14-0134825		
Date Assigned:	08/27/2014	Date of Injury:	12/17/1998
Decision Date:	12/31/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 69 year old male patient, who sustained an industrial injury on 12-17-1998. The diagnoses include status post right and left knee arthroscopy, right shoulder parascapular strain with tear of the long head of the biceps tendon and partial tear of the supraspinatus tendon, complete rupture of biceps tendon with retraction and distal rotator cuff tendinosis. Per the Primary Treating Physician's Progress Report dated 7-11-2014 he had complaints of bilateral knee pain, left greater than right, as well as right shoulder and left ankle pain. Objective findings of the bilateral knees included tenderness to palpation over the medial greater than lateral joint lines and patellofemoral region, range of motion decreased with crepitus; Right shoulder and left ankle "unchanged." The medications list includes Anaprox, Robaxin and Biofreeze. Work status was "not working." Treatment to date has included surgical intervention (bilateral knees), diagnostics, medications and injections. The plan of care included medication management. On 8- 14-2014, Utilization Review non-certified the request for TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Request: TENS unit with supplies. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: "A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit with supplies is not established for this patient.