

<b>Case Number:</b>	CM14-0193998		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/10/2005
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 57 year old individual who was injured at work on 09/10/2005. The office visit note of 10/01/14 reported he complained of pain in the right shoulder with weakness, pain in the elbow, and bilateral knee pain with locking and catching and low back pain that radiates into the right leg. The physical examination revealed pain over the anterior aspect of the shoulder, decreased range of motion, decreased supraspinatus strength, tenderness over the right lateral epicondyle and mild swelling in this area. Slight dyesthesia of the ulnar nerve at the cubital tunnel of the elbow, with positive Tinel's sign at the ulnar nerve, slightly decreased sensation in the ring and little fingers of the right hand. Slight antalgic gait and tenderness over the medial aspect of both knees with marked swelling; lateral tracking of both patella, positive McMurray's and Steinman's tests. The Lumbar spine showed loss of lumbar Lordosis, decreased range of motion, tenderness, positive supine and sitting straight leg raise at 60 degrees. The worker has been diagnosed of right shoulder rotator cuff tear, lateral epicondylitis, Lumbar spine disc herniation, Meniscal tear in the knees, right shoulder surgery, 02/27/07, right knee surgery, 04/18/06. Treatments have included multiple reconstructive surgeries. At dispute are the requests for TENS unit, and Lumbosacral spine brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

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

**Decision rationale:** The injured worker sustained a work related injury on 09/10/2005. The medical records provided indicate the diagnosis of right shoulder rotator cuff tear, lateral epicondylitis, Lumbar spine disc herniation, Meniscal tear in the knees, right shoulder surgery, 02/27/07, right knee surgery, 04/18/ 06. Treatments have included multiple reconstructive surgeries. The medical records provided for review do not indicate a medical necessity for TENS Unit. The MTUS does not recommend TENS unit 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 such conditions as neuropathic pain and Complex Regional Pain Syndrome II, spasticity, and phantom leg syndrome. In such cases the MTUS recommends that the request for TENS unit be accompanied by documentation of failed treatment with other treatment modalities; evidence that the TENS unit would be used as an adjunct to a functional restoration program; documentation of other ongoing pain treatment including medication usage; documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The requested treatment is not medically necessary and appropriate based on the diagnosis, no documentation of failed treatment, failure to use a trial of TENS unit as an adjunct to a functional restoration program.

**Lumbosacral spine brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG Low Back Procedure Summary last updated 8/22/2014 Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The injured worker sustained a work related injury on 09/10/2005. The medical records provided indicate the diagnosis of right shoulder rotator cuff tear, lateral epicondylitis, Lumbar spine disc herniation, Meniscal tear in the knees, right shoulder surgery, 02/27/07, right knee surgery, 04/18/ 06. Treatments have included multiple reconstructive surgeries. The medical records provided for review do not indicate a medical necessity for Lumbosacral spine brace. The MTUS recommends against the use of back Corset (back brace). Therefore, the requested treatment is not medically necessary and appropriate.