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| <b>Case Number:</b>   | CM14-0205424 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 10/17/2011 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 11/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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:

Patient is a 59 year-old female with date of injury 10/17/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/21/2014, lists subjective complaints as pain in the right shoulder and right knee. MRI of the right shoulder from December 2012 was notable for impingement, bursitis and tendinitis. MRI of the right knee from the same date was notable for patellofemoral osteoarthritis, osteonecrosis of the lateral tibial plateau, and degeneration of the medial and lateral menisci. Objective findings: No physical examination results were documented by the requesting physician. Diagnosis: 1. Right knee PFC 2. Right shoulder bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS does not recommend a 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.  
There is no documentation that a trial period with a rented TENS unit has been completed.  
Purchase of a TENS unit is not medically necessary.