

<b>Case Number:</b>	CM14-0208699		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/26/2006
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Iowa. 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 37 year old patient with date of injury of 06/26/2006. Medical records indicate the patient is undergoing treatment for possible right shoulder rotator cuff injury with bursitis or tendonitis, right lateral epicondylitis, myofascial pain syndrome, repetitive strain injury, possible neuropathy involving right upper extremity, possible right median neuropathy, right carpal tunnel syndrome, reactive depression, left upper extremity pain due to overcompensation. Subjective complaints include increased pain and discomfort, and increased pain in right upper extremity, pain rated 7/10 with use of medications. Objective findings include mild tenderness to palpation of right shoulder and elbow; slightly decreased strength on the right compared to left arm. Treatment has consisted of TENS, exercise therapy, home exercise program, functional restoration program, Duexis and Voltaren Gel . The utilization review determination was rendered on 11/14/2014 recommending non-certification of TENS Unit Repair/Replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Repair/Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

**Decision rationale:** ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits."The medical documentation provided indicate that this patient's previous TENS unit has stopped working, and the treating physician has indicated that the patient reports having a good response with the utilization of the TENS unit. However, there is no subjective or objective clinic findings that indicate this patient had significant decrease in pain or functional improvement with the use of the TENS unit. As such, request for TENS Unit Repair/Replacement is not medically necessary.