

<b>Case Number:</b>	CM15-0146937		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male who sustained an industrial/work injury on 6-13-14. He reported an initial complaint of neck pain. The injured worker was diagnosed as having cervical sprain, rule out herniation, lumbar sprain, rule out herniation, right knee sprain, rule out meniscal tear, grade II intrasubstance signal tear of the anterior and posterior horns of the lateral meniscus, grade III tear of posterior horn of the medial meniscus, grade I chondromalacia of the patellofemoral joint. Treatment to date includes medication, chiropractic care, and diagnostics. Currently, the injured worker complained of continued neck, low back, right shoulder, and right knee pain with rating of 8-9 out of 10 with medication. Per the primary physician's report (PR-2) on 7-2-15, exam notes decreased range of motion and tenderness, positive Spurling's sign to the right, decreased strength across the shoulder. The right knee revealed slightly decreased range of motion, tenderness over the medial and lateral joint lines, slightly decreased quadriceps strength of 4+ out of 5, positive McMurray's sign and positive Valgus stress test. Current plan of care included medication, transcutaneous electrical nerve stimulation (TENS) unit, and MRI (magnetic resonance imaging). The requested treatments include 3-month extension of rental of a transcutaneous electrical nerve stimulation (TENS) unit for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 month extension of rental of a TENS unit for the right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, the patient is apparently utilizing TENS. The provider generically mentions pain relief and functional improvement, yet the right shoulder pain is noted to be 10/10. There is no specific documentation of quantified pain relief, objective functional improvement, decreased pain medication usage, or another metric suggestive of significant benefit from TENS use to date. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.