

<b>Case Number:</b>	CM15-0184323		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/03/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 female, who sustained an industrial injury on 9-3-2007. Medical records indicate the worker is undergoing treatment for right shoulder sprain-strain, bilateral knee sprain-strain and bilateral wrist tendinitis and is status post left shoulder arthroscopy in 2014. The injured worker has had consistent complaints of shoulder, wrist and knee pain since at least 1-9-2015. Notes from 7-29-2015 stated the injured worker was having difficulty with activities of daily living-specifically opening jars and dropping items due to decreased grip strength. A recent progress report dated 8-4-2015, reported the injured worker complained of right shoulder pain, right knee pain rated 7 out of 10 and bilateral wrist pain. Physical examination revealed right shoulder tenderness and positive impingement and cross arm tests, left wrist tenderness with positive Tinel's and Phalen's test and right knee tenderness with patello-femoral crepitus. Treatment to date has included left shoulder surgery, physical therapy, Norco and Voltaren gel. On 7-29-2015, the Request for Authorization requested a TENS (transcutaneous electrical nerve stimulation) unit. On 8-28-2015, the Utilization Review noncertified the request for a TENS (transcutaneous electrical nerve stimulation) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit x1:** 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:** TENS unit x1 states that a one month home-based TENs trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per CA MTUS, TENS unit is not medically necessary as solo therapy.