

<b>Case Number:</b>	CM15-0184695		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/20/2007
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 53 year old male, who sustained an industrial injury on 10-20-2007. The injured worker is currently temporarily totally disabled per 06-24-2015 progress note. Medical records indicated that the injured worker is undergoing treatment for right shoulder sprain-strain, right shoulder partial rotator cuff tear, right ankle sprain-strain, and depression. Treatment and diagnostics to date has included medications. Current medications include Terocin patch, compound creams, Theramine, Sentra PM, Sentra AM, and Gabadone. After review of progress notes dated 06-02-2015 and 07-22-2015, the injured worker reported right shoulder pain rated 5-6 out of 10 on the pain scale and right ankle pain rated 6-7 out of 10. Objective findings included right shoulder range of motion flexion: 140 degrees, extension: 30 degrees, abduction: 140 degrees, adduction: 40 degrees, internal rotation: 60 degrees, and external rotation: 60 degrees and right ankle range of motion plantar flexion: 30 degrees, dorsiflexion: 15 degrees, inversion: 20 degrees, and eversion: 10 degrees. The Utilization Review with a decision date of 08-20-2015 denied the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit-EMS (Electronic Muscle Stimulation) Unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS unit with supplies x 30 days: 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:** MTUS Guidelines are very specific in stating the use of EMS stimulation is not recommended for chronic pain issues. The Guidelines also have specific criteria to justify the use of a usual and customary TENS unit, but the combined unit with EMS stimulation is clearly not supported and there are no unusual circumstances to justify an exception to Guidelines. The TENS/EMS unit with supplies x 30 days is not supported by Guidelines and is not medically necessary.