

<b>Case Number:</b>	CM15-0184900		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<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: Emergency 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 57 year old female, who sustained an industrial injury on September 13, 2011. She reported low back pain and right knee pain. The injured worker was diagnosed as having rotator cuff tendinosis of the right and left shoulder, joint effusion, anterior, posterior capsulitis and sprain, fluid in the subcoracoid bursa, arthrosis of the acromioclavicular joint, extrinsic impingement on the traversing underlying supraspinatus as well as on the overlying deltoid, supraspinatus tendon tear, anterior labral tear (ALPSA lesion), cyst in the posterior aspect of the humeral head and bicapital tenosynovitis, left shoulder per magnetic resonance imaging (MRI) on 2-1-14, herniated nucleus pulposus (HNP) of the lumbar spine, cervical disc protrusion with nerve root compromise noted on MRI on 1-10-2014 (not an accepted body part), status post right knee arthroscopy and meniscectomy x2, multiple abnormalities of the right knee on MRI on 5-20-2014 and status post left knee arthroscopy and meniscectomy (7-31-2014). Treatment to date has included diagnostic studies, surgical interventions of the knees, chiropractic care, home exercises, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating into the lower extremities and right knee pain and stiffness. Evaluation on August 7, 2015, revealed a persistent flare up of back pain. She rated her back pain at 5-6 and her knee pain at 6-7 on a 1-10 scale with 10 being the worst. Medications were continued and a Swiss exercise ball was recommended. Evaluation on August 6, 2015, revealed continued pain as noted. She noted the chiropractic care had decreased her pain. She rated her back pain at 5 on a 1-10 scale with 10 being the worst and reported before starting chiropractic care the pain was rated at 8 on a 1-10 scale with 10 being the worst. She rated her knee pain at 4-5 on a 1-10 scale with 10 being the worst. She noted she was having no side effects related to the medication and noted her pain without medication is 8 and with

medication is 4-5 on a scale of 1-10 with 10 being the worst. She noted medications improved her ability to perform activities of daily living and increased her ability to continue working. It was noted she was to return to her usual and customary duties on 8-6-2015, with no restrictions. A home TENS unit with supplies was recommended. The RFA included a request for Durable medical equipment supplies for 6-12 months for home TENS unit and was modified on the utilization review (UR) on August 25, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Durable medical equipment supplies for 6-12 months for home TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. If records do not support TENS, supplies will be considered not necessary. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. Patient has been using TENS since sometime in 2013 but there is no mention of TENS use by provider in months of records. There is no documentation of if it was even still being used, where it is being used, how often it is being used or if there is any objective benefit from continued use. TENS is not medically necessary, therefore, supplies are not medically necessary.