

Case Number:	CM15-0186424		
Date Assigned:	09/28/2015	Date of Injury:	10/27/2011
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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

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 55-year-old female with an industrial injury date of 10-27-2011. Review of the medical records indicate she is being treated for status post left total knee replacement with status post prior knee arthroscopy, status post right shoulder surgery times two with adhesive capsulitis and possible need for repair, left shoulder complaints and right knee complaints. Subjective complaints (08-19-2015) included "quite a bit of problems with the right shoulder." Other documented complaints included left shoulder pain and bilateral knee pain. The progress note (06-17-2015) documents right shoulder pain as 6-7 out of 10 and left knee pain as 4 out of 10. Work status (08-19-2015) is documented as "unable to work." Physical examination (08-19-2015) included: (1) Right shoulder - Flexion 60 degrees, extension 10 degrees, abduction 40 degrees, adduction 20 degrees, internal rotation 70 degrees and external rotation 45 degrees. "There is evidence of adhesive capsulitis." (2) left shoulder - Flexion 150 degrees, extension 15 degrees, abduction 90 degrees, adduction 30 degrees, internal rotation 70 degrees and external rotation 70 degrees. "There is cracking and crepitation of the right shoulder." Other findings documented include range of motion of the left knee was 0-105 degrees, atrophy of the quadriceps, pain when placing the left arm behind the back and "cracking and crepitation" of the right knee. Her medications (06-17-2015) are documented as Duexis, Metformin, Glyburide, Aspirin and Omeprazole. The injured worker stated Duexis was "helping" (06-17-2015.) Prior treatment included left knee surgery in 2012 and a knee replacement in 12-2013, physical therapy and medications. Medical record review does not indicate a trial of a TENS unit. Diagnostics are documented by the treating physician in the 08-19-2015 note as follows: X-rays of the left knee showed status post total knee replacement. X-rays of the right shoulder show multiple anchors, high riding humeral head. There is a very small and narrow

acromion." The treatment request is for TENS unit purchase for the right shoulder and left knee. On 09-09-2015 the request for TENS unit purchase for the right shoulder and left knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for the right shoulder and left knee: 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: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, and surgery yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, previous trial or benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit purchase for the right shoulder and left knee is not medically necessary and appropriate.