

<b>Case Number:</b>	CM15-0203627		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on 8-5-2011. The injured worker was being treated for cervical and lumbar disc protrusion, sprain and strain, cervical myospasm and radiculopathy, lumbar muscle spasm, right shoulder bursitis and impingement, right shoulder tenosynovitis, right forearm myospasm, status post right forearm surgery, and right knee chondromalacia and internal derangement. Medical records (6-16-2015, 8-20-2015) indicate ongoing neck, right shoulder, right forearm, right knee, and low back pain. The physical exam (6-16-2015, 8-20-2015) reveals improved cervical flexion, lumbar flexion and extension, and right shoulder extension, adduction, abduction, and internal and external rotation. There was continued cervical tenderness to palpation and muscle spasm of the paravertebral muscles, decreased right shoulder flexion, and tenderness to palpation of the anterior shoulder and positive Hawkins and Neer's. There was normal range of motion of the right forearm with tenderness to palpation and muscle spasm of the volar forearm. There was normal range of motion of the right knee except for flexion was 110-120 degrees, tenderness to palpation of the anterior knee, and a positive McMurray's sign. Per the treating physician (8-20-2015 report), the injured worker noted some relief with electrical stimulation. The MRI of the right shoulder dated 7-23-2015 stated there was mild supraspinatus and infraspinatus tendinosis. Treatment has included physical therapy, acupuncture, rest, a cane, off work, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, and non-steroidal steroid. Per the treating physician (8-21-2015 report), the injured worker has not returned to work. On 8-20-2015, the requested treatments included a one month home trial of a dual

stimulator, transcutaneous electrical nerve stimulator (TENS)-electronic muscle stimulator (EMS). On 9-24-2015, the original utilization review non-certified a request for a one month home trial of a dual stimulator, transcutaneous electrical nerve stimulator (TENS)-electronic muscle stimulator (EMS).

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

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

**One month home trial of a dual stimulator, transcutaneous electrical nerve stimulator (TENS)/electronic muscle stimulator (EMS): 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:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the paralysis resulting in chronic spasms. Although it may provide some benefit, the use of a TENS unit is not medically necessary.