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| <b>Case Number:</b>   | CM15-0221180 |                              |            |
| <b>Date Assigned:</b> | 11/16/2015   | <b>Date of Injury:</b>       | 05/08/2015 |
| <b>Decision Date:</b> | 12/29/2015   | <b>UR Denial Date:</b>       | 10/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2015 |

### 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 5-8-15. The injured worker reported left shoulder and right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right knee sprain strain. Medical records dated 9-30-15 indicate left shoulder pain rated at 6 out of 10 and right knee pain rated at 9 out of 10. Provider documentation dated 9-30-15 noted the work status as remain off work until 11-14-15. Treatment has included shockwave treatment, acupuncture treatment, physical therapy, Cyclobenzaprine, Norco, and Transdermal medication. Objective findings dated 9-30-15 were notable for left shoulder with tenderness to palpation to the anterior, lateral shoulder and bicipital groove; right knee with tenderness to palpation to the medial joint line. The original utilization review (10-16-15) denied a request for DME Transcutaneous Electrical Nerve Stimulation (TENS) Unit Interferential (IF) Unit x 5 Months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Transcutaneous Electrical Nerve Stimulation (TENS) Unit/ Interferential (IF) Unit x 5 Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. In this case, there is no indication that the injured worker had a one month trial with a TENS unit. The request for DME Transcutaneous Electrical Nerve Stimulation (TENS) Unit/ Interferential (IF) Unit x 5 months is determined to not be medically necessary.