

<b>Case Number:</b>	CM15-0054893		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 65 year old female with an industrial injury date of 01/18/2013. Her diagnosis includes status post-surgery, right shoulder and status post-surgery, right knee. Prior treatments include physical therapy, surgery and medications. She presents on 01/14/2015 with complaints of right shoulder pain and right knee pain. Physical exam revealed decreased and painful range of motion with tenderness to the right shoulder. Right knee was also tender with decreased and painful range of motion. The treating physician requested 12 sessions of aqua therapy for right knee and right shoulder and a TENS unit to control pain at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) transcutaneous electrical nerve stimulator unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, TENS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post surgery right shoulder; and status post surgery right knee. Documentation from October 2014 and December 2014 shows the treating provider requested an interferential unit. In a progress note dated January 14, 2015, the treating provider order a TENS unit for home use. There is no documentation of a one month, 30 day TENS trial. There is no documentation of a clinical indication (shoulder application versus knee application). TENS is not clinically indicated for the knee. The documentation doesn't specify whether this is a purchase or a rental. Consequently, absent clinical documentation with a clinical indication (shoulder versus knee), a one month clinical trial and whether the TENS is for purchase or for rental, TENS unit is not medically necessary.

**Twelve (12) aqua therapy sessions for the right knee and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy; Physical medicine treatment, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 aquatic therapy to the right knee and right shoulder is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including slimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post surgery right shoulder; and status post surgery right knee. The documentation indicates the injured worker received a full complement of postoperative physical therapy to the right knee and the right shoulder. According to a January 14, 2015 progress note, the treating provider requested an additional 12 sessions of land-based physical therapy to the right shoulder (two times per week

times six weeks) and aquatic therapy 12 sessions to the right shoulder and knee. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. As noted above, the injured worker received a full complement of postoperative physical therapy. There are no compelling facts in the medical record indicating additional physical therapy is warranted. Additionally, the injured worker's BMI is 36.3, but there is no discussion of how the injured worker's weight relates to an additional request for aquatic therapy. Consequently, absent compelling clinical documentation with objective functional improvement with a clinical indication and rationale for additional physical therapy (having received a full complement of post operative physical therapy), 12 aquatic therapy to the right knee and right shoulder is not medically necessary.