

<b>Case Number:</b>	CM14-0139157		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44 year old male who was injured on 03/14/2014 when he was moving and raising pallets to unload freight when he felt a sharp pain in his right knee. He felt a pop in his left bicep and shoulder as well. The patient has been treated conservatively with 10 sessions of physical therapy which did not alleviate his symptoms. On review of diagnostic studies, an MRI of the right knee was performed (date unknown) revealing posterior body tear of medial meniscus as well as tricompartmental arthritis. On initial doctor's report dated 03/17/2014, the patient was seen for bilateral shoulder pain, left greater than right, and right knee pain. He also reported bilateral knee pain radiating down his right side. On exam, the bilateral shoulders revealed tenderness to palpation over the bicipital groove and deltoid diffusely. He had no range of motion deficit in shoulder abduction, elevation, internal and external rotation, but positive for crepitus with range of motion. The right knee exhibited tenderness over the medial and lateral joint line and retropatellar space. There is positive crepitus with PROM of the knee with axial force on patella. Progress report dated 09/05/2014 states the patient presented with complaints of stiffness in back, neck, shoulders, and knees. His bilateral knee pain is rated as 5/10 without medications and the pain is intermittent, sharp and with numbness. He rated his bilateral shoulder pain as 3/10, left greater than right. The pain becomes worse with activity. His exam is unchanged exam from previous visit. He is diagnosed with osteoarthritis of the bilateral knee and hip; bicipital tenosynovitis and bilateral shoulder region osteoarthritis. The patient is recommended for a TENS unit to control his pain. Prior utilization review dated 08/16/2014 states the request for 1 TENS Unit for Home Use (Dispensed) is denied as guideline criteria has not been met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS Unit for Home Use (Dispensed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

**Decision rationale:** The MTUS guidelines provide the following guidance with regards to transcutaneous electrical stimulation: its usage should not be considered as a primary means of treatment and rather an adjunct to other more active and direct forms of treatment. There is little in the way of evidence based data to suggest the therapeutic efficacy of TENS treatment. Furthermore, there is no long-term data relating to chronic use of this treatment modality. The MTUS offers a specific guideline with regard to the application of TENS as an adjunctive therapy that considers short-term usage (such as a one month rental) as potentially medically appropriate. The documentation in this case fails to present a clear rationale for the usage of TENS and it appears that this treatment is being considered as a primary (and not adjunctive) treatment modality. Based on the guidelines and criteria described above as well as the clinical documentation, the request is not medically necessary.