

<b>Case Number:</b>	CM14-0146817		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 51-year-old male with an injury date of 02/15/2013. Based on the 02/13/2014 progress report, the patient complains of having stiffness and pain in his left shoulder which he rates a 7/10. The patient also has right knee pain which he rates an 8/10. The patient's range of motion in the left shoulder has decreased by 40%, and the patient's range of motion in the right knee has decreased by 30%. The 02/11/2014 progress report also indicates that the patient's left shoulder has a decreased range of motion by 50%, and the patient's lumbar spine has a decreased range of motion by 15%. No further exam findings were provided. The patient's diagnoses include the following: 1. Left shoulder pain. 2. Lumbar spine disk bulge. 3. Right knee tendinosis. The utilization review determination being challenged is dated 08/21/2014. Treatment reports were provided from 04/29/2013 - 04/13/2014. Progress reports provided were partially illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME TENS Unit and Supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS:  
Page(s): 116.

**Decision rationale:** Based on the 02/13/2014 progress report, the patient complains of having shoulder pain and right knee pain. The request is for a Durable Medical Equipment (DME) TENS unit and supplies. The report with the request was not provided. California Medical Treatment Utilization Schedule (MTUS) Guidelines page 116 states, "A 1-month trial of a TENS unit should be documented (as an adjunct to ongoing treatment modalities with any functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." Review of the reports shows that the patient has not yet used a TENS unit and has not had a 1-month trial. There is no discussion provided as to any goals that may be accomplished with this TENS unit.