

<b>Case Number:</b>	CM14-0091708		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old female with an 8/26/10 date of injury. At the time (6/9/14) of request for Decision for (Retro DOS: 10/30/13) TENS unit, electrodes, lead wires and battery, there is documentation of subjective (bilateral shoulder pain, right knee pain, back pain, and left hip pain) and objective (crepitus with right knee range of motion and positive McMurray's sign on right knee) findings, current diagnoses (Right Knee Medical Meniscus Tear, Status Post Left Shoulder Rotator Cuff Repair, and Status Post Right Shoulder Arthroscopic Subacromial Decompression), and treatment to date (TENS unit, physical therapy, home exercise, and medications (including ongoing treatment with Hydrocodone and Orphenadrine)). Medical report identifies that TENS facilitate diminution of pain and improved activity tolerance. There is no documentation of how often the TENS unit was used during the trial period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro DOS: 10/30/13) TENS unit, electrodes, lead wires and battery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of Right Knee Medial Meniscus Tear, Status Post Left Shoulder Rotator Cuff Repair, and Status Post Right Shoulder Arthroscopic Subacromial Decompression. In addition, given documentation of ongoing treatment with TENS unit and that TENS facilitate diminution of pain and improved activity tolerance, there is documentation of outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), there is no documentation of how often the unit was used during the trial period. Therefore, based on guidelines and a review of the evidence, the request for (Retro DOS: 10/30/13) TENS unit, electrodes, lead wires and battery is not medically necessary.