

<b>Case Number:</b>	CM13-0066334		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old woman sustained an industrial injury on 8/11/2011 when she fell backward while fixing a rug. Injuries were noted to the right shoulder, face, right eye, nose, and right knee. Current diagnoses include work related slip and fall, blunt head trauma with facial lacerations and visual changes, and right shoulder strain/contusion. Treatment has included open shoulder repair on 9/22/2011 and right shoulder arthroscopy on 6/7/2012, thirty sessions of physical therapy, electrical stimulation to the neck, ophthalmology consultation, home exercise program with home electrical stimulation, and oral medications. Physician evaluation dated 9/17/2013 shows continued pain complaints in the areas of injury. Recommendations include a short course of physical therapy, possible injections, refills of NSAID medication, and potential additional surgery to the right shoulder in the future. Home stretching and strengthening of the shoulders is recommended. On 12/2/2013, Utilization Review evaluated prescription for a home exercise kit and TENS unit electrodes, that was submitted on 12/13/2013. The UR physician noted that there was no documentation to determine the duration or frequency of electrical stimulation or the outcomes of therapy. Further, although home exercise is recommended, there is no evidence to support the requirement of specific equipment. The MTUS, ACOEM Guidelines, or ODG was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Exercise Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic pain as it has strong evidence for its effectiveness. Exercise should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. Specialized equipment is not typically necessary in order to complete home exercises. In the case of this worker, she reportedly was not gaining sufficient benefit from previous efforts to perform home exercises. In the documentation submitted, there was insufficient explanation as to why she required special equipment, and what equipment would be included in the kit. Therefore, without explanation as to why this case is an exception, the exercise kit will be considered medically unnecessary.

**TENS Unit Electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Nerve Stimulation (TENS) Page(s): 11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit.