Case Number:	CM14-0138243		
Date Assigned:	09/05/2014	**Date of Injury:**	01/05/2014
Decision Date:	05/27/2015	**UR Denial Date:**	08/18/2014
Priority:	Standard	**Application Received:**	08/26/2014

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. 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
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 47-year-old female patient who sustained an industrial injury on 01/05/2014. The physicians' first report of illness dated 01/05/2014 reported chief complaint of neck/back pain post fall. She reports left shoulder and elbow pain. Radiography study obtained, and she was treated for strained left shoulder with elbow contusion and left sided back strain with prescribed ice therapy, Motrin as needed, and Norco for breakthrough pain. She may benefit from a course of physical therapy. She is to follow up with her primary care in the next 24 to 48 hours. A primary care follow up visit dated 05/22/2014 reported the patient diagnosed with ankle, knee, wrist, elbow, shoulders, and lumbar strains/sprains. The plan of care showed chiropractic therapy session and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental for TENS unit for 6 months for cervical spine, lumbar spine, wrists, legs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back

Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 173-174, 181-183, 271, 300, 308-310, 339, 346-347, 371, 376, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Transcutaneous electrical neurostimulation (TENS). ACOEM 3rd Edition Knee disorders (2011) http://www.guideline.gov/content.aspx?id=36632.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS indicates that TENS does not appear to have an impact on perceived disability or long-term pain. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neuro-stimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaint Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that TENS units are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Other miscellaneous therapies have been evaluated and found to be ineffective. Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 346-347) indicates that regarding physical treatment methods, passive modalities without exercise program are not recommended. ACOEM 3rd Edition does not recommend transcutaneous electrical stimulation (TENS) for knee pain. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicate that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms, although some are used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. Passive physical therapy modalities are not recommended. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates that transcutaneous electrical neurostimulation (TENS) is not recommended.

There is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. Medical records document neck, back, and limb complaints. Date of injury was 1/5/14. TENS for cervical spine, lumbar spine, wrists, and legs was requested. MTUS, ACOEM, and ODG guidelines do not support the request for transcutaneous electrical nerve stimulation (TENS). Therefore, the request for TENS is not medically necessary.