

<b>Case Number:</b>	CM13-0004666		
<b>Date Assigned:</b>	08/08/2013	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; shoulder rotator cuff repair surgery; a 4% whole-person impairment rating; unspecified amounts of physical therapy; and the impairment imposition of permanent work restrictions. In a utilization review report of July 22, 2013, the claims administrator denied a request for a TENS unit and denied a request for an orthopedic shoulder surgery referral. The applicant later appealed, on July 29, 2013. An earlier progress note of March 24, 2013, is notable for comments that the applicant is working part time, reports persistent shoulder pain, and is asked to undergo trial of a TENS unit while returning to modified work. A later note of August 2013 is notable for comments that the applicant reports persistent shoulder pain, is working part time, has painful range of motion, and would like to pursue acupuncture, TENS unit supplies, and topical compounds while returning to part time work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit rental - 30 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** As noted in page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the usage of TENS unit trials include evidence that other appropriate pain modalities, including pain medications, have been tried or failed. In this case, the applicant has failed numerous operative and non-operative measures, including analgesic medications, shoulder corticosteroid injections, surgical interventions, physical therapy, etc. The applicant is over two years removed from date of injury. A one-month trial of a TENS unit is indicated and appropriate, as suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Referral to Ortho for shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, referral for surgical consultation is indicated for applicants with activity limitations for more than four months with evidence of a lesion which might be amenable to surgical repair who has failed to increase range of motion and strength even after exercise program. In this case, the applicant has failed prior operative and non-operative treatment. The applicant carries a diagnosis of residual adhesive capsulitis, it is noted. Given the failure of prior conservative and operative measures, shoulder surgery referral is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is medically necessary.