

<b>Case Number:</b>	CM13-0006661		
<b>Date Assigned:</b>	08/30/2013	<b>Date of Injury:</b>	02/20/2001
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 02/20/2001. The reference diagnosis is shoulder arthropathy. The patient is a 57-year-old man with shoulder impingement status post right shoulder subacromial decompression and Mumford procedure in 2001 as well as right shoulder arthroscopic labral debridement in August 2002 and arthroscopic debridement with biceps tenotomy in August 2003. He is also status post right shoulder arthroscopic debridement with lysis of adhesions in 2003. He underwent bilateral carpal tunnel release with exploration of the biceps tendon sheath in November 2004. The treating physician notes indicate that recently the patient has reported tenderness over the subacromial bursa with a positive Neer's and Hawkins' sign. An additional 3-month TENS unit use has been recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit additional 3 month rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 1114.

**Decision rationale:** The MTUS Guidelines indicate that TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative options if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain conditions including neuropathic pain and complex regional pain syndrome. The medical records at this time do not clearly document neuropathic pain indication for TENS. Additionally, the medical records are unclear regarding the functional benefit from past TENS use. The MTUS guidelines would support at most a 1-month rental but not a 3-month rental for TENS. The request for a 3-month TENS rental or associated supplies is not medically necessary and appropriate.

**3-month supply of batteries for TENS unit qty unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The MTUS Guidelines indicate that TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative options if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain conditions including neuropathic pain and complex regional pain syndrome. The medical records at this time do not clearly document neuropathic pain indication for TENS. Additionally, the medical records are unclear regarding the functional benefit from past TENS use. The MTUS guidelines would support at most a 1-month rental but not a 3-month rental for TENS. Since the request for TENS unit rental and associated supplies is not certified, the request for batteries for TENS is also not certified. The request for the 3-month supply of batteries for TENS unit qty unknown is not medically necessary and appropriate

**3 month supply of electrodes for TENS unit qty unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The MTUS Guidelines indicate that TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative options if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain conditions including neuropathic pain and complex regional pain syndrome. The medical records at this time do not clearly document neuropathic pain indication for TENS. Additionally, the medical records are unclear regarding the functional benefit from past TENS use. The MTUS guidelines would support at most a 1-month rental but not a 3-month rental for TENS. Since the request for TENS unit rental and associated supplies is not certified,

the request for electrodes for TENS is also not certified. The 3 month supply of electrodes for TENS unit qty unknown is not medically necessary and appropriate.