

<b>Case Number:</b>	CM13-0020471		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/30/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is 48-year-old female with date of injury 06/30/2007. According to the treating physician's report 08/01/2013, presenting symptoms are neck pain and left shoulder pain with listed diagnostic impressions of left shoulder pain, left shoulder tendinosis, left shoulder tendonitis. Under subjective complaints, the report indicates that the patient had left shoulder arthroscopy with glenohumeral synovectomy and subacromial decompression in 2008 with 2009 MRI showing a large-sized fluid collection in the shoulder, and the patient had a second shoulder arthroscopic surgery in 2009. The patient had third and final MRI in 2011 showing no full-thickness tear but probable intrasubstance interstitial tearing of the infraspinatus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT AND SUPPLIES DISPENSED 5-30-2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

**Decision rationale:** This employee presents with chronic shoulder pain, and the employee is status post 2 arthroscopic surgeries. There is a request for TENS unit and supplies which were dispensed in 05/30/2013. Four progress reports were provided for this review including 41 pages total. Most recent report is 08/01/2013, and the other reports are from 2011. None of the progress reports discuss TENS unit, its effectiveness, and how often it is used. The MTUS Guidelines on TENS unit list diagnoses of neuropathic pain, phantom limb pain, CRPS, spasticity, multiple sclerosis as indications for TENS unit. In this case, the employee presents with chronic musculoskeletal shoulder pain without a diagnosis that would support the use of a TENS unit. Furthermore, none of the progress reports indicate whether or not a TENS unit is actually being used, with what benefit, and how frequently it is used. The MTUS Guidelines require documentation of pain and function with use of a TENS unit particularly a trial of 30 days, prior to using it on a more permanent basis at home. There are no such documentations provided. Recommendation is for denial.