

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0027572 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/11/2000 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 08/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 patient is a 66-year-old female who reported an injury on 05/11/2000. The mechanism of injury was not provided. The documentation submitted for review with the request was dated 08/20/2013. The patient's diagnoses were noted to include status post right shoulder arthroscopy, left shoulder impingement syndrome, and bursitis. The patient had complaints of continued pain to the right shoulder exacerbated with the use of the arm and radiating to the upper back. The patient indicated they had a TENS unit that was provided by the carrier several years ago which was utilized as an adjunct for pain management with exacerbation of his symptoms; however, the unit was no longer functional. The request was made for a replacement TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEW TENS UNIT WITH 2 LEAD LOCALIZED STIMULATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114-11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

**Decision rationale:** California MTUS Guidelines recommend for ongoing treatment there must be documentation of the patient's outcomes in terms of pain relief and objective functional

benefit and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. The clinical documentation submitted for review failed to indicate the patient had a decrease in the VAS score. It failed to indicate the patient had objective functional improvement with the use of the unit. The patient indicated the unit was used as an adjunct for pain management; however, the patient failed to indicate what it was used as an adjunct to as it must be used as an adjunct to a treatment modality with a functional restoration approach per California MTUS guidelines. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for a new TENS unit with 2 lead localized stimulation is not medically necessary.