

<b>Case Number:</b>	CM13-0053354		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 July 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for usage of a TENS unit on the grounds that there is no evidence of functional improvement with prior usage of the same. The applicant's attorney subsequently appealed. In an August 23, 2013 progress note, the treating provider writes that the applicant is working. He finds that usage of TENS unit is helping him work and diminishing his consumption of other medications, including Norco and Terocin. The applicant apparently exhibits 5/5 strength about the bilateral upper extremities despite tenderness about the acromioclavicular joint. He has returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of the TENS unit should be predicated on evidence of favorable response to a previous one-month trial of the same in terms of pain relief and improved function. In this case, the applicant has achieved the requisite analgesia, improved performance of activities of daily living, and/or achieved or maintained successful return to work. The applicant apparently noted the ongoing usage of TENS unit has resulted in diminished medication consumption, it is further noted. Continuing the TENS unit, on balance, is therefore indicated in the phase of the applicant's effecting functional improvement as defined in the parameters established in MTUS 9792.20f. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.