

<b>Case Number:</b>	CM13-0060353		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 licensed in Chiropractic, and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 1/1/12. The patient was chopping food and hurt herself. The patient underwent an arthroscopy of the shoulder with extensive glenohumeral joint debridement, subacromial bursectomy, and decompression on 11/16/13. The request was made for a TENS unit; the patient had previously completed a beneficial trial of the unit, so the request was for purchase. The patient's diagnosis was right shoulder internal derangement status post right shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a TENS unit with supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS Guidelines indicate that a one-month trial of a TENS unit is appropriate as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities including medication have been tried

and have failed. During the one-month trial, there must be documentation of how often the unit was used, as well as outcomes in terms of objective pain relief and objective functional improvement and how it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. The clinical documentation submitted for review indicated the patient had an in-office trial and found the unit to be beneficial. However, there was a lack of documentation indicating the patient had one-month trial of the unit to support purchase. There was a lack of documentation indicating that other pain modalities had trialed and failed. Additionally, there must be documentation during the one-month trial of how often the unit was used, outcomes in terms of pain and function, etc. As such, the request for a TENS unit with supplies is not medically necessary.