

<b>Case Number:</b>	CM13-0060898		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Family Practice 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 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:

This is a 53 year old male claimant sustained a work injury on 7/12/10 involving the right shoulder resulting in a right shoulder dislocation. He underwent surgery in October 2010 and underwent several sessions of therapy. He developed chronic acromioclavicular arthritis. He has non-industrial diagnoses of diabetes, hypertension and diabetic neuropathy. A progress note on August 13, 13 indicated the claimant had 4-5/10 pain. He was on oral analgesics. He had no trouble with activities. His right shoulder had slightly reduced range of motion in flexion and extension. He was recommended to continue analgesics and therapy. A subsequent request on 9/30/13 was made for a 2 month use of TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWO (2) MONTHS SUPPLY FOR TENS UNIT, ELECTRODES, BATTERIES AND LEAD WIRES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 113-114.

**Decision rationale:** In this case, there is no clinical documentation to substantiate need for a TENS unit. In addition, the claimant's neuropathy is unrelated to the industrial injury. It is also recommended for a 1 month trial. The request for 2 months of TENS is not medically necessary.