

<b>Case Number:</b>	CM13-0061809		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/30/2008
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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:

Prior treatment included right carpal tunnel release and ulnar nerve decompression on 07/18/2013 and a right shoulder subacromial decompression with rotator cuff repair on 10/24/2013. The secondary treating physician's progress report dated 11/20/2013 indicated ongoing discomfort within her right shoulder, following right shoulder arthroscopy. Objective findings on exam revealed passive forward flexion to 80 degrees; abduction was 70 degrees; and internal and external rotation was 40 degrees. The patient was encouraged to perform home passive stretching exercises every two hours for fifteen minutes. No documentation provided that this has occurred. The note dated 12/12/2013 indicated substantial improvement in her right shoulder with ongoing physical therapy status post surgery. Her range of motion was moderately attenuated with abduction limited to 100 degrees and forward flexion limited to 110 degrees; Hawkins and impingement signs were both positive on the left. The note dated 12/18/2013 documented the patient to have complaints of discomfort in her right shoulder. Objective findings on exam revealed full passive motion, continued loss of full active and passive motion of the right shoulder; 110 degrees of forward flexion; 100 degrees of abduction, and internal and external rotation were 70 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medications for + INF stimulator for one (1) month home use for the right shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Section Page(s): 116.

**Decision rationale:** The INF Stimulator is a digital tens unit used for edema reduction and pain relief. The patient is status post rotator cuff repair and has been attending physical therapy from 11/26/2013 to 01/02/2014. Documentation shows the patient has progressed in therapy with current pain levels rating a 1/10 to 2/10 and AROM increased. There were no changes in the patient's strength in shoulder external and internal rotation. According to the CA MTUS, criteria for the use of TENS should include evidence that other appropriate pain modalities have been tried, including medication, and failed. There is no documentation provided showing the patient is taking medications and whether they have helped with her current shoulder symptoms. The most recent follow up report dated 01/16/2014 states that patient has continued pain in her left wrist with tingling and numbness in the fingers. Shoulder examination shows the patient has 100 degrees of abduction and 110 degrees of forward flexion which has decreased since the last physical therapy progress report provided (abduction was 120 degrees and flexion was 145 degrees). There is mention the patient used TENS during the physical therapy but there was no indication if the actual procedure was helpful. Based on the lack of documentation of how TENS was used during therapy, and the lack of documented positive outcomes from the use of the unit, the request cannot be certified per the guidelines listed.

**Electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Section Page(s): 116.

**Decision rationale:** The patient is status post rotator cuff repair and has been attending physical therapy from 11/26/2013 to 01/02/2014. Documentation shows the patient has progressed in therapy with current pain levels rating a 1/10 to 2/10 and AROM increased. There were no changes in the patient's strength in shoulder external and internal rotation. According to the CA MTUS, criteria for the use of TENS should include evidence that other appropriate pain modalities have been tried, including medication, and failed. There is no documentation provided showing the patient is taking medications and whether they have helped with her current shoulder symptoms. The most recent follow up report dated 01/16/2014 states that patient has continued pain in her left wrist with tingling and numbness in the fingers. Shoulder examination shows the patient has 100 degrees of abduction and 110 degrees of forward flexion which has decreased since the last physical therapy progress report provided (abduction was 120 degrees and flexion was 145 degrees). There is mention the patient used TENS during the physical therapy but there was no indication if the actual procedure was helpful. Based on the lack of documentation of how TENS was used during therapy, and the lack of documented positive

outcomes from the use of the unit, the request for electrodes to use for the stimulator unit cannot be certified per the guidelines listed.