

<b>Case Number:</b>	CM13-0067255		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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:

The patient is a 55-year-old female who reported an injury on 04/27/2011. The mechanism of injury was not provided in the medical records. The patient is diagnosed with rotator cuff syndrome of the shoulder. Her symptoms are noted to include pain in her neck and right shoulder. Her physical examination revealed normal motor strength at 5/5 in the cervical spine and decreased motor strength to negative 4/5 and supraspinatus and infraspinatus motor strength in the right shoulder. She was also shown to have decreased range of motion in the right shoulder. Her medications were noted to include bupropion, venlafaxine, naproxen, hydrocodone/APAP, omeprazole, trazodone, and sumatriptan. It was noted that the patient had previously tried and failed NSAIDS and physical therapy and felt that her use of a TENS unit at physical therapy visits had decreased her pain from a 8/10 to 9/10 to a 5/10 to 6/10. Therefore, a 30 day in home TENS unit trial was requested again to be used with her home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: 30 day in home TENS unit trial:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** According to the California MTUS Guidelines, use of a TENS unit is not recommended as an isolated intervention, but a 1 month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration for the treatment of neuropathic pain or CRPS. The clinical information provided for review indicates that the patient does have neuropathic pain related to her cervical spine and her treatment plan includes continued participation in a home exercise program. Therefore, as the patient is noted to have neuropathic pain and the request for 1 month home-based TENS trial will be used as an adjunct to a program of evidence-based functional restoration, the request is supported. As such, the request is certified.