

<b>Case Number:</b>	CM13-0068027		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 63-year-old female who reported injury on March 24, 2010. The mechanism of injury was a basketball hit the injured worker on her right shoulder. Injured worker underwent a total shoulder arthroplasty. Diagnosis was trauma, arthropathy of the shoulder. The documentation of November 04, 2013 revealed that the injured worker was scheduled for surgery on November 19, 2013 and had a significant loss of range of motion of the right shoulder. An undated DWC Form RFA revealed a request for a transcutaneous electrical nerve stimulation (TENS) unit, electrodes and batteries for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF TENS UNIT, ELECTRODES X2, LEADWIRES AND BATTERIES X 2:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend a one (1) month trial of a TENS unit 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 (3) months of pain and evidence that other appropriate pain modalities have been trialed and failed including medications. The clinical documentation submitted for review failed to provide a primary treating physician's progress report (PR-2) and a physical examination to support the necessity for a TENS unit. There was a lack of documentation indicating the injured worker had trialed a TENS unit and received objective functional benefit to support the necessity for purchase. Given the above, the request for purchase of TENS unit, two (2) electrodes, lead wires and two (2) batteries is not medically necessary.