

<b>Case Number:</b>	CM14-0003517		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 and Rehabilitation 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 61-year-old employee of [REDACTED] with a 6/25/07 date of injury. The 12/10/13 progress report indicates persistent left shoulder pain, the TENS unit helps and he uses a TENS unit at least once a day. After the use of the TENS unit, he notices a decrease in pain and improvement in range of motion. The patient performs independent home exercise. Current medications are helping for pain. The patient continues to have difficulty with heavy lifting and carrying with the left upper extremity. Physical exam demonstrates left shoulder tenderness, left shoulder abduction 140 degrees, forward flexion 160 degrees, left shoulder abduction and forward flexion weakness. It is identified that the patient's TENS unit reduces his medication intake. Physical therapy is employed to strengthen the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT FOR PURCHASE:** Overturned

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state on page 114-116 that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The patient presents with persistent left shoulder pain complaints, but reports that a TENS unit helps. He uses a TENS unit at least once a day. After the use of the TENS unit, he notices a decrease in pain and improvement in range of motion. The patient performs independent home exercise and is scheduled for PT for strengthening, conforming to the requirement for an adjunct modality of evidence-based care. The patient continues to have difficulty with heavy lifting and carrying with the left upper extremity. Physical exam demonstrates left shoulder tenderness, left shoulder abduction 140 degrees, forward flexion 160 degrees, left shoulder abduction and forward flexion weakness. It is identified that the patient's TENS unit reduces his medication intake. Physical therapy is employed to strengthen the left shoulder. Therefore, the request for a TENS unit for purchase is medically necessary.