

<b>Case Number:</b>	CM14-0009611		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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:

The patient is a 56-year-old female who has submitted a claim for chronic rupture of ulnar collateral ligament of left thumb, and left shoulder rotator cuff tendinitis and impingement, status post left shoulder arthroscopy with subacromial decompression (09/05/2013); associated with an industrial injury date of 04/07/2007. Medical records from 06/11/2013 to 02/03/2014 were reviewed and showed that patient complained of ongoing left shoulder pain with weakness. Physical examination showed decreased range of motion of the left shoulder. Special tests for the left shoulder were negative. Treatment to date has included medications, steroid injections, physical therapy, TENS, and left shoulder surgery as described above. Utilization review, dated 01/06/2014, denied the request for a TENS unit because the medical records did not discuss if the unit was a stand-alone treatment option or was to be utilized as an adjunct to functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT THIRTY DAYS TO THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

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

**Decision rationale:** As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial period of the TENS unit is recommended as an adjunct to ongoing treatment modalities within a functional restoration approach. Documentation regarding how often the unit was used, as well as outcomes in terms of pain relief and function should be provided. Other ongoing pain treatment should also be documented during the trial period including medication. In addition, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, a one-month trial of TENS was prescribed; however, there was no discussion of any other concurrent treatments as part of a functional restoration program. In addition, the goals of TENS treatment were not documented. Therefore, the request for transcutaneous electrical nerve stimulation (tens) unit thirty days to the left shoulder is not medically necessary.