

<b>Case Number:</b>	CM14-0018649		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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 49 year old male who reported an injury to his left shoulder as a result of pulling a heavy roll on 07/15/13. The clinical note dated 12/11/13 revealed the injured worker stating he was unable to sleep. Upon exam the injured worker demonstrated positive Hawkin's and O'Brien's signs. No range of motion deficits were identified. An injection at the left shoulder provided short-term benefit. The clinical note dated 01/14/14 indicates the injured worker continuing with left shoulder pain along with sleep difficulties. The utilization review dated 01/15/14, resulted in a denial for the use of a transcutaneous electrical nerve stimulation (TENS) unit as no clinical indications had been provided in the submitted documentation supporting the medical need for the proposed treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulator (TENS UNIT) for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

**Decision rationale:** The request for transcutaneous electrical nerve stimulator for the left shoulder is not recommended. The injured worker has complaints of left shoulder pain. The clinical notes indicate the injured worker has been approved for a surgical intervention. No other information had been submitted regarding any additional functional deficits likely to respond to a transcutaneous electrical nerve stimulation (TENS) unit. No new injuries have been identified. No information was submitted regarding a one month trial of a TENS unit at the left shoulder. Given these factors, this request is not indicated.