

<b>Case Number:</b>	CM14-0111329		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Illinois. 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 64-year-old male who reported injury on 08/24/2012 reportedly began experiencing pain over time on the left side and hand from repetitive action over time. He had to shake and lift a dice machine weighing about 15 pounds. He needed to move back and forth on a rolling chair to cover the table and patrons. He experienced left arm, left hand and shoulder pain and weakness, severe pain on both sides are arms more painful on the left side. He complained of neck and lower back pain that was sharp with tingling and numbness at all times. The injured worker's treatment history included x-rays, medications, EMG/NCV, MRI, injections, physical therapy and urine drug screen. The injured worker was evaluated on 07/09/2014, and it was documented the injured worker complained of increased left shoulder pain and left hand pain. The objective findings of left shoulder had restricted movement with flexion limited to 110 degrees due to pain and abduction limited to 110 degrees due to pain. Hawkins test was positive. Neer's test was positive. The provider noted the injured worker had trigger finger on the left ring finger. He had pain and stiffness in the left ring finger which has now worsened but existed at the time he was working. Within documentation the provider noted the injured worker needing physical therapy 2 times per week times 3 weeks to left shoulder and left hand. Diagnoses include traumatic arthropathy of the shoulder and acquired trigger finger, left. The Request for Authorization dated for 06/10/2014 was for TENS unit for chronic shoulder pain and a functional capacity evaluation of bilateral shoulders; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE) of the bilateral shoulders: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation Chronic Pain.

**Decision rationale:** : The request for the functional capacity evaluation is non-certified. In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 07/09/2014 why the injured worker needs a functional capacity evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for a functional capacity evaluation on the injured worker is non-certified.

**Transcutaneous Electrical Nerve Stimulator (TENS) Unit for chronic shoulder pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Criteria for the use of TENS Page(s): 114-116..

**Decision rationale:** The requested is non-certified. Chronic Pain Medical Treatment Guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based Tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. There was lack of documentation of the injured worker outcome measurements of physical therapy and home exercise regimen. The provider failed to indicate long- term functional restoration goals for the injured worker. In addition, the request failed to indicate frequency of the Tens unit should be

used on the injured worker. Given the above, the request for transcutaneous electrical nerve stimulator (TENS) unit for chronic shoulder pain is non-certified.