

<b>Case Number:</b>	CM14-0128712		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, has a subspecialty in Pain Medicine 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 patient with a date of injury of November 17, 2013. A utilization review determination dated July 26, 2014 recommends noncertification of a tens unit. A progress report dated July 9, 2014 identifies subjective complaints of right shoulder pain which radiates to the head, neck, and shoulder. The pain severity is 8/10. The symptoms are worse at night. The symptoms are improved with ice, decreased activity, and medication. Physical examination reveals tenderness around the right side of the cervical spine and decreased right shoulder range of motion with tenderness. Diagnoses included right shoulder strain status post arthroscopy, no postoperative physical therapy with subsequent right frozen shoulder, and cervical strain. The treatment plan recommends manipulation under anesthesia, medication, physical therapy, and a tens unit since it has been "extremely helpful while the patient is in therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase for the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day tens unit trial as recommended by guidelines. It does appear that the patient had good results from tens unit therapy during physical therapy. Therefore, a 30-day home trial may be indicated to allow documentation of analgesic efficacy, objective functional improvement, and decreased medication use. Unfortunately, however, there is no provision to modify the current request to allow for a 30-day trial. As such, the request for Tens unit purchase is not medically necessary.