

<b>Case Number:</b>	CM14-0139145		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Maryland. 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 60 year old female with a work injury dated 3/5/14. The diagnoses include left rotator cuff tear and frozen shoulder, left upper extremity neuropathy, right ankle sprain. Under consideration is a request for TENS/EMS one month trial. There is a 6/18/14 document that the patient states that she has left shoulder, hand, and right ankle pain. The neuro exam is normal except for light touch. The left deltoid power is 3/5. There is tenderness along the left AC joint, biceps tendon groove, and left supraspinatus deltoid complex. There is a left frozen shoulder. Left drop arm test is positive. There is mild swelling on the ankle. There is anterotalar tenderness and lateral malleolar tenderness. There is increased pain with inversion. The plan includes a request for an orthopedic consult, chiropractic care and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS one month trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; TENS, chronic pain (transcutaneous e.

**Decision rationale:** TENS/EMS one month trial is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that NMES is not recommended for chronic pain and used primarily as part of a rehabilitation program following stroke. The documentation reveals no evidence of stroke in this patient. The guidelines also state that a TENS unit trial may be considered if there is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also this should be prescribed as an adjunct of a program of evidence based functional restoration. The documentation does not indicate other pain modalities have failed or that this is being prescribed as an adjunct to a program of evidence based functional restoration. The request for TENS/EMS one month trial is not medically necessary.