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| <b>Case Number:</b>   | CM14-0146378 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 02/01/2005 |
| <b>Decision Date:</b> | 10/11/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2014 |

### 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 & 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 injured worker is a 49 year old female who reported a date of injury of 02/01/2005. The mechanism of injury was not indicated. The injured worker had diagnoses of status post right shoulder arthroscopic subacromial decompression with debridement rotator cuff, tear of supraspinatus and tendinopathy of the right infraspinatus, compensatory left shoulder pain, cervical pain with right upper extremity symptoms, right medial and lateral elbow pain and, bilateral wrist/hand pain. Prior treatments included cortisone injections, acupuncture and physical therapy. The injured worker had an MRI of the right shoulder on 04/14/2014 with official findings indicating there was a small full-thickness tear of the supraspinatus tendon measuring 1.1x1.3 cm in depth and width, tendinopathy of the rest of the supraspinatus and infraspinatus tendons and, there was no muscular atrophy or edema present. Surgeries included right lateral epicondylar repair on 10/27/2006 and right shoulder arthroscopy with subacromial decompression on 07/27/2013. The injured worker had complaints of bilateral shoulder pain, cervical pain, right wrist/hand pain and right elbow pain. The clinical note dated 08/20/2014 noted the injured worker had tenderness to palpation of the anterior aspect at the A.C. joint of the shoulders bilaterally, with limited range of motion but with improvements from the prior examination, conditioning and spasms were improved in the right deltoid musculature of the cervical trapezius and deltoid musculature. Medications included Pantoprazole and Cyclobenzaprine. The treatment plan included the physician's recommendation for additional physical therapy of the right shoulder at 3 times per week for 4 weeks, to proceed with cortisone injections to right lateral upper condyle, an EMG/NCV of the upper extremities bilaterally, additional acupuncture, the continuance with ibuprofen, cyclobenzaprine and pantoprazole. The rationale and request for authorization form were not provided within the medical records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for a TENS unit with supplies is not medically necessary. The injured worker had complaints of bilateral shoulder pain, cervical pain, right wrist/hand pain and right elbow pain. The California MTUS guidelines indicate TENS unit 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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Chronic intractable pain should be supported with documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried including medication and failed. A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. It is noted the injured worker did use the TENS unit 6 days per week up to 3 hours per day and had a significant decrease in pain and the treatment facilitated improved tolerance to a variety of activities. However, there is a lack of documentation of the injured worker's pain relief and evidence of decreased medication usage. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the TENS unit. Furthermore, there is a lack of documentation indicating the injured worker failed the use of medications; it is noted the injured worker had a decrease in pain and muscle spasms with the use of medications. Additionally, there is a lack of documentation for a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. As such, the request is not medically necessary.