MAXIMUS Federal Services

| Case Number: | CM14-0151008 | | |
|---|---|---|---|
| Date Assigned: | 09/19/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

## 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 Family 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:

The injured worker is a 56 year old male with a history of morbid obesity and bilateral shoulder pain, right greater than left. A preoperative MRI scan of the right shoulder showed evidence of rotator cuff tendinitis involving the supraspinatus and infraspinatus, and degenerative changes in the shoulder and acromioclavicular joints but no definite rotator cuff tear. Surgery was authorized to include diagnostic/operative arthroscopy, with decompression/acromioplasty/debridement requested on 03/18/2014. Preoperative evaluation was performed on 04/09/2014. The operative report is not provided but there is a follow-up visit dated 07/11/2014 which indicates 6/10 pain, well healed shoulder incision, no infection, no drainage, some stiffness and limitation of range of motion. The disputed item is purchase of a TENS unit muscle stimulator denied on 08/20/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit Muscle Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post operative pain (transcutaneous eletrical nerve stimulat.

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

**Decision rationale:** TENS for postoperative pain is recommended in the first 30 days post-surgery. It appears to be most effective for mild to moderate thoracotomy pain. It is less effective or not at all for other orthopedic surgical procedures. (Breit, 2004), (Rosenquist 2003). Because this request is received more than 30 days after the surgical procedure and there is no documentation supporting its need, it is not medically necessary per guidelines.