

<b>Case Number:</b>	CM14-0156116		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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:

This is a 55 year old female patient who sustained a work related injury on 1/17/11 Patient sustained the injury when she slipped on a wet floor and landed on her outstretched left hand and injured her left shoulder. The current diagnoses include contusion of shoulder region, partial tear of rotator cuff and sprain and strain of the shoulder and upper arm. Per the doctor's note dated 9/3/14, patient has complaints of constant moderate pain within the left shoulder region with radiation into the upper brachium, constant moderate pain within the left ankle region and anxiety and depression. Physical examination revealed positive Apprehension Test and Apleys Scratch test, positive Varus Stress Test at the left ankle and Valgus Stress Test at the left ankle, range of motion of the left shoulder; flexion 90/90 degree, extension 25/45 degree, abduction 120/180 degree, adduction 45/45 degree, internal rotation 40/55 degree and external rotation 25/55 degree, range of motion of the right ankle; dorsi flexion 15/20 degrees, plantar flexion 30/50 degrees, inversion 5/10 degrees and eversion 5/10 degrees. The current medication lists include Omeprazole, Lisinopril-Hydrochlorothiazide, Ibuprofen, Norco, Voltaren, Methoderm cream, Celebrex, Ultram, and Famotidine. The patient has had MRI and x-rays of the left shoulder; right upper quadrant ultrasound of abdomen on 8/18/14 that revealed hepatic infiltrative process and right renal cyst and bilateral screening mammogram on 7/10/13 that revealed fibro glandular changes. The past medical history include colonoscopy on 8/18/2011 and small internal hemorrhoids, ulcer disease, hypertension and depression. The patient has had urine drug screen test on November 24, 2013 that revealed no hydrocodone. The patient's surgical history includes right shoulder arthroscopy with possible rotator cuff repair; left shoulder arthroscopy; right knee arthroscopy, and caesarian section. The patient has received an unspecified number of the physical therapy visits and chiropractic care for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit and Electrodes:** Upheld

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

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

**Decision rationale:** According the cited guidelines, electrical 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)."According the cited guidelines, Criteria for the use of TENS is"- There is evidence that other appropriate pain modalities have been tried (including medication) and failed. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted"Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided.The details of physical therapy or other types of therapy done since the date of injury were not specified in the records provided.Patient has received an unspecified number of physical therapy visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided.In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active physical therapy modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies is also not established.The request for TENS Unit and Electrodes is not fully established for this patient.