

<b>Case Number:</b>	CM14-0158019		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 15, 2009. Thus far, the applicant has been treated with the following: Earlier shoulder surgery on October 2011; extensive physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Report dated September 18, 2014, the claims administrator denied a request for a TENS unit. Somewhat incongruously, the claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines in the body of its report and then stated that it was referencing the ACOEM Practice Guidelines in the references section of the report. The applicant's attorney subsequently appealed. In a January 12, 2014 medical-legal evaluation, it was acknowledged that the applicant was no longer working. The applicant's last date of work was sometime in June 2011, it was acknowledged. The applicant was spending most of the time lying down and sleeping at home on a day-to-day basis, it was acknowledged. The applicant had developed some mental health issues, including bipolar disorder, it was further posited. On July 24, 2014, the applicant reported persistent complaints of left shoulder pain and complained about denials of various treatments. It was stated that earlier usage of a TENS unit during physical therapy had proven beneficial. The applicant stated that he did not own a home TENS unit, however. The applicant acknowledged that he was avoiding exercising, participating in recreational activities, and/or driving secondary to ongoing shoulder pain complaints. The applicant is on Motrin, Lidoderm, Dilantin, Effexor, and Trileptal, it was acknowledged. It was again stated that the applicant was not working. Motrin, Lidoderm, and a TENS unit purchase were apparently sought. It was stated that the applicant could consider shoulder corticosteroid injection therapy as well.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, there is no evidence that the applicant has had a successful one-month home-based trial of the TENS unit. Rather, it appears that the applicant seemingly employed the TENS unit quiet freely during physical therapy session. The TENS unit [purchase] request, thus, cannot be supported at this time as the applicant did not appear to have complete a prerequisite one-month home-based trial of the same. Therefore, the request is not medically necessary.