

<b>Case Number:</b>	CM14-0159852		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/08/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Interventional Spine 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.h

### 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 56-year-old male with a date of injury of 09/08/2006. The listed diagnoses per [REDACTED] are: 1. Right shoulder neuropathic pain, 2. Right shoulder AC joint dysfunction. 3. Right bicep tendinosis. According to progress report 08/20/2014, the patient continues to have right shoulder pain with numbness into the arms and fingers. The patient has been utilizing a TENS unit to assist in pain control. Examination revealed guarding and stiffness with transfer from sit to stand position. Patient ambulates with "stiff non-antalgic gait due to pain." Shoulder range of motion is limited by 50% of normal. There is tenderness to palpation at the shoulder and cervical myofascial tissue. The patient had an x-ray of the right shoulder on 02/26/2014, MRI of the right shoulder on 04/11/2012, and a fluoroscopy arthrogram of the left shoulder on 06/07/2012. Request for authorization requests a "TENS unit with supplies, 3 months #4 refills." Utilization review denied the request on 09/04/2014. Treatment reports from 01/30/2014 through 08/20/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)Criteria for the use of TENS:M.

**Decision rationale:** This patient presents with chronic right shoulder pain. The treater is requesting a TENS unit and supplies for 3 months #4 refills. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. Progress report 08/20/2014 indicates the patient has been utilizing a TENS unit "to assist in pain control." Review of the medical file has no other discussions regarding usage of a TENS unit. In this case, there are no documentation provided such as frequency of use, magnitude of pain reduction and any functional changes. MTUS allows for extended use of a TENS unit when there is documentation of functional improvement. Given the lack of discussion regarding efficacy, continuation of usage cannot be supported. Therefore, recommendation is for denial.