

<b>Case Number:</b>	CM14-0173066		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, 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.

### 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 58-year-old male with a date of injury of 09/09/2010. The listed diagnoses per [REDACTED] are right shoulder status post revision rotator cuff repair, subacromial decompression, right shoulder impingement and right shoulder rotator cuff tendinitis. According to progress report 08/12/2014, the patient presents with ongoing right shoulder pain, especially with overhead lifting. Examination revealed forward flexion to 160 degrees, extension and rotation to 45 degrees, abduction to 90 degrees, and internal rotation to 90 degrees. There is slight weakness with external rotation and mild impingement noted. The physician is requesting medications, physical therapy, and a "TENS unit rental to convert to a purchase as this seems to be working quite well for him." Utilization review denied the request on 09/15/2014. Treatment reports from 03/19/2014 through 08/12/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with supplies for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
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**Decision rationale:** This patient presents with chronic right shoulder pain. On 05/29/2014, the physician recommended a 2-month TENS unit rental to help reduce pain and spasm. The treating physician in his 06/30/2014 progress report indicated that the patient has been utilizing a TENS unit over the next several months and will be evaluating the efficacy for this device for further usage. On 08/12/2014, the physician requested authorization for TENS unit rental to convert to purchase as "this seems to be working quite well for him." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnoses 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. In this case, review of the medical file provides no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing a TENS unit. MTUS allows for extended use of a TENS unit when there is documentation of functional improvement. In addition, the patient does not meet the indications for utilizing a TENS unit. Recommendation is for denial.