

<b>Case Number:</b>	CM14-0020048		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 42 year old female with an injury reported on 03/22/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/17/2013, reported that the injured worker complained of pain to the left shoulder. The injured worker was also noted that pain intensity and frequency had moderated with surgery and post-op physical therapy. The physical examination findings reported the injured worker's left shoulder range of motion in abduction was to 145 degrees, flexion to 145 degrees, and extension to 35 degrees. It was also reported that she had tenderness to palpation along the anterior shoulder capsule, subacromial space and bicipital groove. The injured worker's diagnoses included Left DeQuervain's, left lateral epicondylitis, right carpal tunnel syndrome, status-post left carpal tunnel syndrome repair (09/30/2011) and status-post left shoulder subacromial decompression (08/01/2013). The request for authorization was submitted on 02/11/2014.

### 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 purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TRANSCUTANEOUS ELECTROTHERAPY; CRITERIA FOR THE USE OF TENS Page(s):  
116.

**Decision rationale:** The request for TENS UNIT and supplies for purchase is non-certified. The injured worker complained of pain to left shoulder, while admittedly improving following surgery and post-op physical therapy. According to the California MTUS guidelines A TENS units is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration. It was noted that the injured worker has had improved pain to her left shoulder after her surgery and post-op physical therapy. However, there is a lack of clinical information indicating participation in a home based exercise or other functional restoration program. Further, the injured worker was not noted to have previously completed a 30 day trial with use of a home TENS unit. Therefore, the request for TENS UNIT and supplies for purchase is not medically necessary.