

<b>Case Number:</b>	CM14-0024027		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 patient is a 50 year old male who was injured on 05/29/2012 while taking down a wall one day and a sledgehammer went through the wall and he fell. He jammed his left shoulder and his left wrist at that time. Prior treatment history has included cortisone injections. Medications include Norco, Valium and naproxen. Diagnostic studies reviewed include an MRI of the left shoulder done on 11/16/2012, which documents 70% partial articular surface tear of the supraspinatus tendon. Progress note dated 12/17/2013 documented the patient with complaints of constant moderate to severe sharp left shoulder pain radiating to arms/hands. He4 has constant moderate to severe achy, sharp right shoulder pain radiating to arm/hand. He has complaints of constant moderate to severe sharp left elbow pain as well as constant moderate to severe achy, sharp right elbow pain. He has complaints of bilateral wrist pain that is sharp and stabbing. Objective findings on examination reveal +3 tenderness to palpation of the anterior shoulder and posterior shoulder. There is +3 tenderness to palpation of the acromioclavicular joint, anterior shoulder and posterior shoulder. Bilateral elbows reveal +3 tenderness to palpation, medial and posterior elbows. Bilateral wrists with +3 tenderness to palpation of the dorsal and volar wrist. Diagnosis: 1. Left shoulder impingement syndrome2. Left shoulder sprain/strain3. Right shoulder impingement syndrome4. Right shoulder sprain/strain5. Left elbow strain/sprain6. Left carpal tunnel syndrome7. Left wrist sprain/strain8. Right carpal tunnel syndrome9. Right wrist sprainTreatment Plan:1. Request TENS unit to control pain. 2. Authorization for left shoulder and right knee surgery3. Ortho consult for left shoulder and right kneeUtilization report dated 02/10/2014 modified the request for 60-day rental of TENS/EMS (left shoulder and left wrist) to only 30-day rental. According to MTUS guides 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 in adjunct to a program of evidence-based functional restoration.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**30 DAY RENTAL OF TENS/EMS (LEFT SHOULDER AND LEFT WRIST): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, TENS.

**Decision rationale:** This is a request for a TENS/EMS unit 30-day trial for the left shoulder and left wrist for a 50-year-male injured on 5/29/12 with chronic pain. However, according to MTUS guidelines, TENS is only recommended for Phantom Limb Pain, CRPS II, spasticity, Multiple Sclerosis, and neuropathic pain. However, medical records do not show the patient suffers from any of these conditions. There is a diagnosis of carpal tunnel syndrome. However, history and examination do not clearly suggest it, and there is diagnostic disagreement among providers. In any case, TENS is not indicated for Carpal Tunnel Syndrome according to ODG guidelines. Medical necessity is not established. Therefore, the request is not medically necessary.