

<b>Case Number:</b>	CM14-0039300		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 42 year old who sustained injuries to his left upper extremity and upper back on 01/18/13 when he was getting into a work vehicle. He had his arm extended and felt severe pain in the left shoulder. The injured worker was treated with medications including naproxen, ranitidine and tramadol. He was given an icepack and shoulder brace. The injured worker also attended 14 visits of physical therapy for treatment of the left shoulder strain. Magnetic resonance image of the left shoulder dated 07/11/11 revealed acromioclavicular joint synovitis; supraspinatus tendinopathy with fraying of the bursal surface; subscapularis and biceps tenosynovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary. There is also no indication of any recent failure of treatment with pain

medications. These facts are sufficient to indicate that the injured worker does not meet evidence based guidelines criteria for the use of a TENS unit. The California Medical treatment Utilization Schedule states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit is not indicated as medically necessary.