

<b>Case Number:</b>	CM14-0040310		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Texas. 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 claimant is a 53 year old female whose date of injury is 04/24/07. The mechanism of injury is not provided. The records indicate that the claimant is status post right shoulder rotator cuff repair on 09/10/09. She is noted to have developed chronic pain, anxiety and depression and has undergone psychological treatment. The claimant was seen on 01/10/14 with subjective complaints of persistent right shoulder and neck pain 8/10. TENS unit reportedly is helping her. She also is prescribed psychotropic medications which help for her depression and anxiety. Current medications (Hydrocodone; Omeprazole; Nortriptyline) are helping for pain. EMG/NCV of the upper extremities on 02/07/13 revealed evidence of right medial neuropathy at the wrist (mild), and no evidence of cervical radiculopathy. Progress report dated 02/11/14 noted that the claimant has right shoulder pain that radiates to the neck and scapular region, mostly burning type pain and associated with numbness in the right upper extremity. Current medications are helping, and she cannot take anti-inflammatory medications due to adverse effects. She wants to pursue purchase of TENS unit which she reports is helping for pain. On examination the claimant is grossly protective of her right upper extremity. There is tenderness to palpation in the right AC more so than the glenohumeral joint. Range of motion testing revealed right shoulder abduction to 90; forward flexion 120. Strength is 4+/5 in right shoulder abduction and forward flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 116.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines provide that 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 as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. There is no documentation in this case that TENS was being used as an adjunct to a functional restoration/therapy program, nor is there objective assessment of outcomes in terms of pain relief and functional improvement as indicated by reduction in pain medications and/or increased activity levels. Based on the clinical information provided, the request for purchase of TENS unit is not medically necessary and appropriate.