

<b>Case Number:</b>	CM14-0055122		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 injured worker is a 52 year old male who was injured on 10/25/12 when he fell from the back of a tractor trailer driven by a coworker as it went off the road, landing on his left shoulder. The injured worker suffered a torn rotator cuff and underwent Arthroscopic Repair of the left rotator cuff on 12/02/13. The injured worker has completed a course of postoperative physical therapy and records indicate additional physical therapy has been requested. Most recent clinical note dated 07/15/14 includes physical examination of the left shoulder which reveals active forward elevation to 170, abduction to 160, external rotation to 55, and internal rotation to T12. The injured worker has 5-/5 rotator cuff strength with no give-way secondary to pain. The injured worker reports his pain to be a 3-4/10 with activities and a 0/10 while at rest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-116.

**Decision rationale:** The injured worker is over 8 month's status Post Arthroscopic Rotator Cuff Repair of the left shoulder. California Medical Treatment Utilization Schedule (CAMTUS) supports the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit for acute post-operative pain in the first 30 days post-surgery. Per CAMTUS, the proposed necessity of the unit should be documented and rental would be preferred over purchase. This injured worker is outside of the timeline recommended per CAMTUS. CAMTUS does not support the purchase of a TENS unit until a one-month trial period is completed with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. The documentation submitted for review failed to contain evidence that a TENS unit has been used to address the injured worker's left shoulder complaints or provide a rationale for the request or a treatment plan which includes specific goals. Based on the clinical information provided, medical necessity for the purchase of a TENS unit is not established.

**Electrodes (18 pairs) for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-116.

**Decision rationale:** The request for 18 pairs of electrodes for purchase is not recommended as medically necessary. The electrodes are requested to be used with a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The accompanying request for the purchase of a TENS unit is not established as medically necessary. As such, the request for 18 pairs of Electrodes for purchase is also not established as medically necessary.