

<b>Case Number:</b>	CM14-0060206		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Orthopedic Surgery, 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 48-year-old male who reported an injury on 04/16/2012. The mechanism of injury was repetitive motion. The diagnoses included bilateral shoulder sprain/strain, left forearm sprain/strain, left wrist sprain/strain, bilateral moderate carpal tunnel syndrome, loss of sleep secondary to pain, small radioulnar joint effusion on the left wrist, bilateral supraspinatus tendinitis, bilateral infraspinatus tendinitis, right mild subacromial/subdeltoid bursitis per MRI. Previous treatments included medication, TENS unit, chiropractic sessions. In the clinical note dated 01/15/2014, it was reported the injured worker complained of constant moderate stabbing, throbbing left shoulder pain, heaviness, tingling, weakness and cramping radiating to the left arm with tingling becoming severe. The injured worker reported his pain radiated to the left wrist with numbness and tingling. Upon the physical examination the provider noted the left shoulder range of motion was decreased and painful. The injured worker had 3+ tenderness to palpation of the posterior shoulder and lateral shoulder. The provider indicated the right shoulder range of motion was decreased and painful. He had 3+ tenderness to palpation of the posterior shoulder and lateral shoulder. It indicated the injured worker's left elbow range of motion was decreased and painful with 3+ tenderness to palpation. The left forearm's range of motion was decreased and painful with 3+ tenderness to palpation. The request submitted is for a neural stimulation TENS for extended rental. However, rationale was not provided for clinical review. The request for authorization was submitted and dated on 01/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulation TENS - EMS for extended rental of 12 months: 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 Electrotherapy Page(s): 114-116.

**Decision rationale:** The request for a neural stimulation TENS-EMS for extended rental of 12 months is non-certified. It was reported the injured worker complained of constant moderate stabbing, throbbing left shoulder pain, heaviness, tingling, weakness and cramping radiating to the left arm with tingling becoming severe. The injured worker reported his pain radiated to the left wrist with numbness and tingling. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. There is evidence that other appropriate pain modalities have been tried including medication and failed. The results of the 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. There is lack of documentation indicating the injured worker had significant deficits upon the physical examination. Clinical documentation failed to indicate whether the injured worker had failed on conservative care. There is lack of documentation indicating the injured worker underwent an adequate 30 day trial of the TENS unit. The clinical documentation submitted failed to provide the efficacy of the previous treatment of the TENS unit. Therefore, the request is not medically necessary.