

<b>Case Number:</b>	CM14-0062147		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine & Rehabilitation, 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 52-year-old female who reported an injury of an unknown mechanism on 02/22/2010. On 03/06/2014, her diagnoses included left shoulder neuropathic pain syndrome; complex regional pain syndrome; chronic neck pain; bilateral epicondylitis, worse on the right; right ulnar nerve irritation; possible cubital tunnel syndrome; status post left shoulder surgeries, including labral debridement, subacromial decompression, and Mumford procedure; status post subacromial decompression and right shoulder Mumford procedure; residual right shoulder pain after decompressive surgery; complex regional pain syndrome involving the right elbow; and right elbow lateral and medial epicondyle pain/chronic inflammation. In the discussion, it was noted that this injured worker had 90% to 100% pain relief after each stellate sympathetic ganglion block, 1 for the left, and 1 for the right shoulder. It was further noted that she had a transcutaneous electrical nerve stimulation (TENS) unit, which did help to some extent. It was a rental unit and required an extension of 1 year plus the supplies. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNIT SUPPLIES FOR 1 YEARTENS UNIT FOR RENTAL 1 YEAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

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

**Decision rationale:** The injured worker is a 52-year-old female who reported an injury of an unknown mechanism on 02/22/2010. On 03/06/2014, her diagnoses included left shoulder neuropathic pain syndrome; complex regional pain syndrome; chronic neck pain; bilateral epicondylitis, worse on the right; right ulnar nerve irritation; possible cubital tunnel syndrome; status post left shoulder surgeries, including labral debridement, subacromial decompression, and Mumford procedure; status post subacromial decompression and right shoulder Mumford procedure; residual right shoulder pain after decompressive surgery; complex regional pain syndrome involving the right elbow; and right elbow lateral and medial epicondyle pain/chronic inflammation. In the discussion, it was noted that this injured worker had 90% to 100% pain relief after each stellate sympathetic ganglion block, 1 for the left, and 1 for the right shoulder. It was further noted that she had a TENS unit, which did help to some extent. It was a rental unit and required an extension of 1 year plus the supplies. There was no request for authorization included in this injured worker's chart. The request for 1 year rental of TENS unit is not medically necessary and appropriate.