

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0076480 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 03/29/2010 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2014 |

### 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 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 48-year-old male who reported an injury to his right shoulder on 3/29/10. The clinical note dated 10/31/11 indicates the injured worker undergone a rotator cuff repair with a revision. The injured worker continued with complaints of pain located at the superior portion of the shoulder. Pain was elicited with cross body adduction and with internal rotation. The clinical note dated 09/30/13 indicates the injured worker is able to demonstrate 150 degrees of right shoulder flexion with 45 degrees of external rotation. The note indicates the injured worker having undergone a Lidocaine and Kenalog injection. The clinical note dated 04/04/14 indicates the injured worker utilizing Naprosyn and Vicodin for pain relief. The injured worker was being recommended for the use of a transcutaneous electrical nerve stimulation (TENS) unit. The clinical note dated 07/11/14 indicates the injured worker complaining of dropping objects. The injured worker stated that the previous injections provided no significant long-term benefit. Tenderness was identified at the radial, ulna, and median nerves. The utilization review dated 05/14/14 resulted in denials for both acupuncture and a TENS unit. No information had been submitted regarding the injured worker's previous trial of acupuncture. Additionally, no information was submitted regarding the injured worker's ongoing formal therapeutic interventions in addition to the requested acupuncture and TENS unit. No information had been submitted regarding the injured worker's objective clinical findings supporting the need for the TENS unit as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times twelve (12) sessions, right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The documentation indicates the injured worker complaining of right shoulder pain despite 2 previous surgical interventions. Acupuncture is indicated following a trial where the injured worker has demonstrated an objective functional improvement. No information was submitted regarding the injured worker's previous trial of acupuncture therefore, a course of 12 sessions is not medically necessary.

**TENS unit, purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The purchase of a TENS unit is indicated, following a 1 month trial of a TENS unit, where the injured worker has demonstrated an objective functional improvement. No information was submitted regarding the injured worker's previous trial of a TENS unit. Additionally, no information was submitted regarding the injured worker's objective functional deficits that are continuing at the right shoulder. Given these factors, the request is not medically necessary.