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| <b>Case Number:</b>   | CM14-0076946 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 07/04/2013 |
| <b>Decision Date:</b> | 09/30/2014   | <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 Management 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 36 year old male who sustained an injury to his left shoulder on 07/04/13. Mechanism of injury was not documented. The injured worker was status post arthroscopic repair of labrum left shoulder followed by 24 visits of post-operative physical therapy. Clinical note dated 04/28/14 reported that the injured worker continued to complain of chronic left shoulder pain that was residual in nature. The injured worker was currently undergoing physical therapy which was increasing his range of motion and functional capacity status. Physical examination noted some discomfort on elevation of the upper extremity on the left side against gravity approximately 95 degrees; well healed incisions; deltoid muscle tenderness posteriorly the injured worker was placed on work restrictions, if modified work was not available, the injured worker would be placed on temporary total disability. There was no post-operative imaging information provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME INTERFERENTIAL UNIT FOR PURCHASE:** Upheld

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

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

**Decision rationale:** No information was submitted indicating the injured worker underwent one month trial with documentation of decreased medication reliance and increased activities of daily living. The California Medical Treatment Utilization Schedule states that treatment with transcutaneous electrical nerve stimulation (TENS) unit is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to evidence based functional restoration program. While TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; published trials do not provide information on stimulation parameters which most likely provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for home interferential unit for purchase is not medically necessary.