

<b>Case Number:</b>	CM14-0078770		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Nevada. 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 records presented for review indicate that this 29-year-old gentleman was reportedly injured on August 9, 2012. The mechanism of injury is noted as polling on an object and feeling a popping sensation in the right shoulder. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of neck pain and right shoulder pain. No physical examination was performed on this date. A prior physical examination demonstrated tenderness along the cervical spine without spasms. There was a negative foraminal compression test and full cervical spine range of motion. Examination of the right shoulder revealed a positive Neer's test, Hawkins test, Speed's test, and cross body abduction test. There was tenderness over the acromioclavicular joint and bicipital groove. There was slightly reduced right shoulder range of motion. Diagnostic imaging studies of the right shoulder revealed mild tendinosis of the supraspinatus tendon and mild acromioclavicular joint degenerative changes. Previous treatment includes acupuncture and oral medications. A request had been made for a one-month home-based trial of a TENS unit and was not certified in the pre-authorization process on May 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home based trial of Neurostimulator TENS(Trancutaneous Electrical Nerve Stimulation)EMS(electrical muscle stimulation): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for a one-month trial of a tens unit includes evidence that other appropriate pain modalities have been tried and failed, to include medications. The most recent progress note dated April 21, 2014, does not indicate that pain medications and other treatment modalities have failed. As such, this request for a one-month trial of a tens unit is not medically necessary.