

<b>Case Number:</b>	CM14-0086483		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 and Rehabilitation and is licensed to practice in Ohio and 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 60-year-old female with a reported date of injury on 11/05/2008. The mechanism of injury was due to cumulative trauma. Her diagnoses were noted to include status post left shoulder subacromial decompression and rotator cuff debridement and cervical spondylosis. Her previous treatments were noted to include a TENS unit, medications, and physical therapy. The progress note dated 06/23/2014 revealed the injured worker complained of neck and shoulder pain. The injured worker has a TENS unit and she was able to do housework easier and take her Skelaxin rarely. The physical examination revealed left shoulder abduction to 160 degrees and tenderness to the left upper trapezius and upper back. The provider reported the request was for additional TENS unit electrodes and the injured worker utilized the TENS unit 4 times a week for an hour at a time with improved sleep and improved function. The Request for Authorization form was not submitted within the medical records. The request was for a TENS unit quantity 1 to improve sleep and function and a Theracane for self massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit, QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation: Pain (chronic), TENS (Transcutaneous Electrical Nerve Stimulation).

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

**Decision rationale:** The request for a TENS unit quantity 1 is not medically necessary. The injured worker has a TENS unit that she has been utilizing for pain and improved functional status. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guideline criteria for the use of a TENS unit is documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1-month trial of the TENS unit should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, rental would be preferred over purchase during the trial period. The injured worker has a TENS unit that she has been utilizing; however, the provider indicated she needed replacement electrodes, which indicates a TENS unit is not warranted at this time. Therefore, the request is not medically necessary.

**Theracane Qty, 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, page 60 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Massage.

**Decision rationale:** The request for Theracane is not medically necessary. The injured worker is complaining of left trapezius pain and utilizing a home exercise program. The California Chronic Pain Medical Treatment guidelines recommend massage therapy as an adjunct to other recommended treatments such as exercise. Many studies lack long-term follow up, massage is a passive intervention and treatment dependence should be avoided. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The Official Disability Guidelines do not recommend mechanical massage devices. Therefore, due to the lack of support from the guidelines a Theracane is not appropriate. The guidelines recommend exercise and not to become dependent on massage. As such, the request is not medically necessary.