

<b>Case Number:</b>	CM14-0089465		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 30 year old female with an injury date of 09/21/13. The 05/27/14 report by ■■■ states the patient presents with left shoulder pain and stiffness with occasional tingling in the left hand. She is cleared to return to work with restrictions. Examination reveals tenderness inferior on the clavicle on the left with some mild sternoclavicular tenderness. The patient has some mild tenderness at the acromioclavicular joint and coracoid, and she experiences pain with active shoulder elevation. There is mild tenderness to palpation at the scapular rotators and the treating physician notes pain posteriorly under the scapula with adduction of the shoulder on the left. The 01/15/14 MRI of the left sternoclavicular joint provides the following impression, "Moderate marrow edema within the inferomedial aspect of the proximal left clavicle with corresponding less conspicuous edema within the manubrium and associated mild capsular edema anteroinferiorly. These findings are most likely representing repetitive stress injury without a fracture. A small osteophyte suggests early associated degenerative changes. ■■■ is seen for an Initial Orthopaedic Evaluation of 01/071, for evaluation of her left shoulder girdle." The 12/19/13 MRI of the left shoulder states the following impression, "Mild to moderate A-C joint edema is present and may be due to a mild grade I A-C joint separation if there has been a recent injury, or chronic stress related change. No other significant findings are demonstrated. There is no rotator cuff tear or labral tear." The patient's diagnosis is overuse injury/sprain right shoulder. The utilization review being challenged is dated 06/09/14. Reports were provided from 12/19/13 to 05/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BlueCross BlueShield

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** The patient presents with left shoulder pain and stiffness with occasional tingling in the left hand. The treating physician requests for 1 Transcutaneous Electrical Nerve Stimulation unit. Length of usage is not stated. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommended as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, records provided show that the patient is using other treatment modalities. The 05/27/14 report states the patient is using Ibuprofen, Lidocaine topical and Flector patches. The reports also note that the patient has had significant improvement in physical therapy with use of an e-stim unit and has been instructed in a home stretching program. In this case, however, the treating physician does not discuss a limited home trial for diagnosis per MTUS above. Therefore, recommendation is that the request is not medically necessary.