

<b>Case Number:</b>	CM14-0095637		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Internal 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 38-year-old woman who presents to her primary treating physician for reevaluation on June 6 of 2014. She complains of intermittent right shoulder pain which is mild to occasionally moderate. Pain is worse with repetitive movement and overhead activity. The pain is well controlled with medication and she denies any side effects at this time. On physical examination, the injured worker is in no distress. Examination of the cervical spine was normal, just tenderness to palpation with spasms over the lumbar paraspinal muscles and tendons to palpation over the bilateral sacroiliac joints. The right shoulder has a well-heeled scar. There was no inflammation present. She has tenderness to palpation over the right deltoid muscle. She's unable to internally or externally rotate the right shoulder. Diagnoses are gastritis; cervical spine strain/strain with mild spasms; lumbar spine sprain/strain with mild spasms; right shoulder sprain/strain with clinical impingement; status post right shoulder surgery, rotator cuff tear; right carpal tunnel syndrome for nerve conduction studies January 13 of 2014; anxiety; depression; and insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, 4 Lead Digital purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Chronic pain Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Online); TENS, Chronic pain

**Decision rationale:** The TENS unit for purchase is not medically necessary. The California MTUS guidelines state that TENS is not a primary treatment modality but a one 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 for certain conditions. It is further noted that TENS may be indicated if there is evidence that other appropriate pain modalities have been tried including medications and fail. The injured patient reports ongoing right shoulder pain with positive clinical findings on exam including limitation of motion and tenderness. The treating physician requested authorization for a TENS purchase with supplies. However, there is no mention in the medical record that the injured worker had a previous one month trial with a TENS unit with associated specific and sustained or functional gains to support home use. Additionally, there is no mention that the claimant will use the above modality in conjunction with any skilled intervention to support the need for this request. Based on the clinical information in the medical record and the peer, reviewed evidence based guidelines, the TENS unit for purchase is not medical necessary.

**Supplies to include 36 electrodes, leadwires 45", charger 9 volt, battery 9 volt alkaline:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Chronic pain Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Online); TENS, Chronic pain

**Decision rationale:** The TENS unit for purchase and the necessary supplies are not medically necessary. The California MTUS guidelines state that TENS is not a primary treatment modality but a one 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 for certain conditions. It is further noted that TENS may be indicated if there is evidence that other appropriate pain modalities have been tried including medications and fail. The injured patient reports ongoing right shoulder pain with positive clinical findings on exam including limitation of motion and tenderness. The treating physician requested authorization for a TENS purchase with supplies. However, there is no mention in the medical record that the injured worker had a previous one month trial with a TENS unit with associated specific and sustained or functional gains to support home use. Additionally, there is no mention that the claimant will use the above modality in conjunction with any skilled intervention to support the need for this request. Based on the clinical information in the medical record and the peer, reviewed evidence based guidelines, the TENS unit for purchase and the required supplies are not medical necessary.

