

<b>Case Number:</b>	CM14-0095696		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<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 Orthopedic Surgery 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:

This 60-year-old male general laborer sustained an industrial injury on 4/24/12. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopy on 7/20/12. The 9/27/12 right shoulder MRI revealed mild to moderate degenerative changes of the right acromioclavicular joint and lateral downsloping acromion. Post-operative changes were noted consistent with subacromial decompression, acromioplasty, biceps tenodesis, and bursectomy. The 5/9/14 treating physician report cited persistent right shoulder pain with only 2 days of relief with recent injection. Physical exam documented acromioclavicular joint and anterolateral acromial tenderness, restricted external rotation and abduction, and pain in all motions. The treating physician opined that the patient had some rotator cuff scarring associated with possible recurrent tearing of the rotator cuff. There was some evidence of impingement and the right biceps appeared to be lower on forced supination against resistance, a Popeye-type sign. The treatment plan recommended right shoulder arthroscopy with partial resection of the distal end of the clavicle, acromioplasty, extensive subacromial bursa debridement, and rotator cuff lysis of adhesions. Additional requests included interferential current unit to improve muscle strength and girth for the first month, home TENS unit to help decrease post-operative pain, and motorized compression pump for use during surgery and for 30 days post-operatively to decrease the risk of phlebitis and pulmonary embolus. The 6/2/14 utilization review denied the requests for interferential current unit, motorized compression pump during surgery and 30 days post-operatively, and a home TENS unit as premature as surgery had not been authorized. The 6/19/14 treating physician report cited grade 8/10 constant right shoulder pain with spasms, throbbing, and numbness and tingling radiating into the right side of the neck. Right shoulder physical exam cited range of motion 50% of normal, and positive Neer's, cross over

impingement test, Apley's, and Hawkin's tests. There was weak abduction against resistance. Pre-operative clearance was reported as pending.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116, 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116-117.

**Decision rationale:** The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guideline criteria have not been met. The patient was scheduled for shoulder arthroscopic surgery. There is no indication that standard post-operative pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. This request for an unknown length of use is not consistent with guidelines. Therefore, this request for a home TENS unit is not medically necessary.