

<b>Case Number:</b>	CM14-0096884		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old male, who reported an injury on 01/17/2012. The mechanism of injury is not submitted for clinical review. The diagnoses included left shoulder pain, lumbar spine sprain/strain with myospasms, left shoulder acromioclavicular joint osteoarthritis, left shoulder supraspinatus tendinitis, left shoulder infraspinatus tendinitis, left shoulder biceps anchor tear, multilevel disc protrusion, lumbar spine disc desiccation. The previous treatments included medication and acupuncture. Within the clinical note dated 06/03/2014, it was reported the injured worker complained of left shoulder pain, which he rated mild to occasionally moderate. The pain increased when raising the arm and decreased when not moving the arm. He complained of low back pain. He rated his pain moderate to occasionally severe. Upon the physical examination, the provider noted the injured worker had tenderness to palpation and spasms of the lumbar spine. There was limited range of motion secondary to pain. The left shoulder had tenderness to palpation of the left AC joint and left deltoid. There was limited range of motion secondary to pain. The provider requested a TENS unit. However, a rationale is not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for Left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115, 116. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. 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; there is evidence that other appropriate pain modalities have been tried and failed, including medication. There is lack of significant deficits on the physical examination. The injured worker's previous course of conservative therapy was not submitted for clinical review. The request submitted did not specify if the TENS unit is for rental or purchase. Therefore, the request is not medically necessary.