

<b>Case Number:</b>	CM14-0099748		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Oklahoma. 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 42-year-old male who reported an injury on 03/14/2012. The injury reportedly occurred when he was reaching for a basketball and dislocated his shoulder. His diagnoses include left shoulder adhesive capsulitis, history of recurrent left shoulder dislocation, left shoulder pain, and status post left shoulder arthroscopy. His previous treatments were noted to include oral medications, topical medications, physical therapy, activity restrictions, and surgery. On 06/11/2014, the injured worker presented with complaints of persistent left shoulder pain, rated 1/10 to 2/10. It was noted that he wanted to use a TENS unit to treat his persistent pain. His physical examination revealed tenderness to palpation of the left shoulder, mildly decreased range of motion, and mildly decreased motor strength in abduction and flexion to 4+/5. His medications were noted to include Flector patches. His treatment plan included a refill of Flector patches and a TENS trial for 1 month to treat his persistent shoulder pain. The Request for Authorization form was submitted on 06/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit trial for 1 month:** Upheld

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

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

**Decision rationale:** The request is not medically necessary. According to the California MTUS Chronic Pain Guidelines, a TENS unit is not recommended as a primary treatment modality, but a 1-month home based trial may be an option when used as an adjunct to a program of evidence-based functional restoration in the treatment of neuropathic pain or CRPS. The clinical information submitted for review indicated that the injured worker had shoulder pain and diagnoses of adhesive capsulitis and recurrent dislocations. However, he was not shown to have CRPS or neuropathic pain to include diabetic neuropathy, postherpetic neuralgia, phantom limb pain, a spinal cord injury, or multiple sclerosis. In addition, the documentation does not indicate that the requested TENS unit was to be used as an adjunct to a program of functional-based restoration. Therefore, the injured worker does not meet the criteria for a 1-month TENS trial at this time. As such, the request is non-medically necessary.