

<b>Case Number:</b>	CM14-0011740		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 52-year-old female, with a reported date of injury of 02/22/2010. The results of the injury were left shoulder pain, and upper chest pain. The current diagnoses include complex regional pain syndrome of the upper limb; enthesopathy of the elbow; and shoulder joint pain. The past diagnoses include complex regional pain syndrome of the upper limb; enthesopathy of the elbow; and shoulder joint pain. Treatments have included physical therapy for the left shoulder, left stellate ganglion block on 11/22/2013, transcutaneous electrical nerve stimulation, and pain medications. The medical records included three (3) physical therapy reports from 06/25/2014 to 10/01/2014. The medical report dated 10/31/2013 indicates that the injured worker continued to have left shoulder and upper chest hypersensitivity. It was noted that there was similar symptoms over the right shoulder and right lateral elbow. The injured worker stated that the pain had worsened in the recent weeks, and caused increased difficulty with her activity of daily living and restorative sleep. The medications helped, and she reported that her pain level reduced to a rate of 8-9 out of 10 with the pain medications. The injured worker stated that the TENS unit helped significantly. The physical examination of showed severe hypersensitivity in the left shoulder and upper chest, with similar symptoms over the right lateral elbow; limited active range of motion of the left shoulder; a negative anterior relocation test; external rotation at 0 degrees; and normal strength. A physical examination of the right elbow showed hypersensitivity to light touch laterally; and slightly reduced range of motion. The treating physician noted that the injured worker's TENS unit was no longer functioning, and needed to be replaced. On 01/17/2014, Utilization Review (UR) denied the request for the

purchase of a transcutaneous electrical nerve stimulation (TENS) unit as a replacement. The UR physician noted that there was no evidence of functional gain credited to the use of the TENS unit.

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

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

**TENS unit for purchase (replacement):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

**Decision rationale:** TENS units are not recommended as 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation of objective evidence of functional improvement with the use of the TENS unit. In addition the patient was not participating in a functional restoration program. The TENS unit is therefore not recommended. The request should not be authorized.