

<b>Case Number:</b>	CM14-0143945		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/11/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old male who sustained an industrial injury on 10/11/08. Initial complaints and diagnoses are not addressed. Treatments to date include medications and right shoulder surgery. Diagnostic studies include a MRI of the shoulder on 03/29/14, which showed post-surgical changes and mild infraspinatus tendinopathy. Current complaints include right shoulder pain. Current diagnoses include right shoulder impingement syndrome, right shoulder tendinosis, mild to moderate osteoarthritis of the acromioclavicular joint on the right , cervical spondylosis, cervical discogenic pain, and myofascial pain. In a progress note dated 05/28/14, the treating provider reports the plan of care as a one year gym membership with a pool. The requested treatments include is a trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 1 month trial neurostimulator (TENS/EMS) unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tens Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The patient presents on 07/10/14 with unrated right shoulder pain, right arm pain with numbness/tingling, and neck/upper back pain and stiffness. The patient's date of injury is 10/11/08. Patient is status post arthroscopic shoulder surgery with labral debridement on 02/17/10. The request is for RETRO 1 MONTH TRAIL NEUROSTIMULATOR (TENS/EMS) UNIT RIGHT SHOULDER AND CERVICAL SPINE. The RFA was not provided. Physical examination dated 07/10/14 reveals tenderness to palpation of cervical paraspinal muscles, pain elicitation on foraminal compression of the cervical spine, pain elicitation on depression maneuver of the right shoulder, and positive Soto-Hall test. Neurological examination reveals decreased sensation in the right C6 and C7 dermatomal distributions. Shoulder examination reveals tenderness to palpation over the anterior and posterior aspects of the right shoulder, positive Hawkin's test, positive Neer's test. The patient's current medication regimen was not provided. Diagnostic imaging includes right shoulder MRI dated 03/30/14, significant findings include: "Heterogeneous signal intensity thickening of the supraspinatus tendon is seen as compatible with post-surgical change and tendinopathy. Mild infraspinatus tendinopathy, surgical debridement of superior labrum noted, detachment of anteroinferior labrum with associated mild to moderate sized dissection paralabral cyst, mild-moderate osteoarthritis of AC joint. " Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the provider is requesting a one month trial of a home-use TENS unit for this patient's chronic shoulder and cervical pain. There is no evidence in the records provided that this patient has trialed a TENS unit to date. MTUS supports a 30-day trial of such units prior to purchase. Given this patient's condition and a lack of TENS utilization to date, a 1 month trial is appropriate and could produce significant benefits for this patient. The request IS medically necessary.