

<b>Case Number:</b>	CM14-0188842		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury 7/29/13. His injury was to the right shoulder and neck, occurring when he was pushing a bed. Treatment for his injury has included physical therapy, right shoulder corticosteroid injection and Tramadol. Nonsteroidal anti-inflammatory medications were stopped secondary to hypertensive side effects. He did have right shoulder surgery on 8/11/14. The nature of the procedure is not provided in the medical records. Post-operatively he continues to complain of right shoulder pain. The primary treating physician has requested transcutaneous electrical nerve stimulator (TENS) for the right shoulder, 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit right shoulder 30 day trail:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** The MTUS notes that 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,

for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia, CRPS I and II, phantom limb pain, spasticity associated with spinal cord injury, and multiple sclerosis. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The MTUS further states that, for the shoulder, TENS is recommended only for post-stroke rehabilitation with limited evidence to determine if the treatment improves pain. For acute post-operative pain TENS is recommended as a treatment option in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (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. In this case the medical records do not support use of the TENS unit according to the MTUS recommendations. The request for TENS unit right shoulder 30 day trial is not medically necessary.