

<b>Case Number:</b>	CM14-0095925		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & Rehabilitation, and is licensed to practice in California. 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:

This 42 year-old patient sustained an injury to the right shoulder on 10/7/09 from lifting a desktop computer while employed by [REDACTED]. Request(s) under consideration include Percutaneous Electrical Nerve Stimulator, right shoulder, per report dated 4/23/14. Diagnoses include shoulder region disorder and thoracic outlet syndrome. There is history of hypertension, asthma allergy induced; and liver disease. Conservative care has included medications, therapy, cortisone injections, TENS unit, and modified activities/rest. Medications list Lyrica and Vicoprofen. Per report of 4/23/14, the provider noted the patient continues with chronic ongoing shoulder pain radiating down the elbow and into the hand, described as sharp with tightness and pulling sensation rated at 7/10. The patient is currently participating in physical therapy, only completed 2 of the sessions thus far, noting unsure if it is helpful yet. Exam showed trigger point tenderness in scalene, pectoralis muscle with tight muscle band and twitch; right shoulder tactile allodynia at surgical scars, positive Adson's and reverse Adson's on right; positive Eden's; normal motor sensation in bilateral extremities. The patient remained TTD status. The request(s) for Percutaneous Electrical Nerve Stimulator, right shoulder was non-certified on 5/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous Electrical Nerve Stimulator, right shoulder, per report dated 4-23-14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electric nerve stimulation (PENS) Page(s): 97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Percutaneous electrical nerve stimulation (PENS), Page 819

**Decision rationale:** This 42 year-old patient sustained an injury to the right shoulder on 10/7/09 from lifting a desktop computer while employed by [REDACTED]. Request(s) under consideration include Percutaneous Electrical Nerve Stimulator, right shoulder, per report dated 4/23/14. Diagnoses include shoulder region disorder and thoracic outlet syndrome. There is history of hypertension, asthma allergy induced; and liver disease. Conservative care has included medications, therapy, cortisone injections, TENS unit, and modified activities/rest. Medications list Lyrica and Vicoprofen. Per report of 4/23/14, the provider noted the patient continues with chronic ongoing shoulder pain radiating down the elbow and into the hand, described as sharp with tightness and pulling sensation rated at 7/10. The patient is currently participating in physical therapy, only completed 2 of the sessions thus far, noting unsure if it is helpful yet. Exam showed trigger point tenderness in scalene, pectoralis muscle with tight muscle band and twitch; right shoulder tactile allodynia at surgical scars, positive Adson's and reverse Adson's on right; positive Eden's; normal motor sensation in bilateral extremities. The patient remained TTD status. The request(s) for Percutaneous Electrical Nerve Stimulator, right shoulder was non-certified on 5/22/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a Percutaneous Electrical Nerve Stimulation (PENS) treatment include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication, TENS unit, therapy, or physical barrier restrictions for conduction of electricity such as significant scarring or morbid obesity. There are no documented short-term or long-term goals of treatment with the PENS treatment documented. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the PENS treatment without specifics of failed TENS trial, failed therapy as the patient is currently participating in sessions. There is no evidence of neurological deficits, ADL limitations, or acute flare-up or red-flag conditions to warrant support for PENS treatment. Guidelines consider PENS under study and not recommended as a primary treatment modality. PENS are an invasive modality provided by a skilled operator with inconsistent results as outcomes are dependent on technique. There is no long-term proven efficacy for this treatment. The Percutaneous Electrical Nerve Stimulator, right shoulder is not medically necessary and appropriate.