

<b>Case Number:</b>	CM15-0008330		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Family Practice

### 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 60-year-old package clerk reported a left shoulder injury after lifting and moving packages on 01/02/2014. The diagnoses have included impingement syndrome and adhesive capsulitis. Treatments to date have included physical therapy, home exercise program, steroid injections and medications. A left shoulder MRI dated 08/08/2014 revealed mild to moderate rotator cuff tendinosis, mild subacromial and subdeltoid bursal thickening, and multiple other degenerative changes. There was no rotator cuff tear. In a progress note dated 11/04/2014, the injured worker presented with complaints of left shoulder pain but stated she had improved from a flare up at the time of her last visit. She did not wish to consider surgery. The treating physician reported positive tenderness to palpation to lateral acromion, limited shoulder range of motion, and 4/5 strength of the left shoulder. The plan included continuation of medications, physical therapy and home exercise. TENS was not mentioned. The patient's work status was documented as modified. (It is unclear if she is working, or if modified duty is unavailable.) On 12/2/14 the provider submitted a request for authorization of 2 month rental of a home TENS unit with with supplies. Utilization Review determination on 12/12/2014 modified the request for 2 Month Rental of Transcutaneous Electrical Nerve Stimulation Unit with Supplies to One Month Rental citing Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **2 Month rental of TENS unit with supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, TENS (transcutaneous electrical nerve stimulation) Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, pages 114-117 Page(s): 114-117.

**Decision rationale:** According to the MTUS citations above, TENS is 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 the conditions described below: Recommended for neuropathic pain, CRPS II, CRPS I, spasticity in spinal cord injury, MS patients with pain and muscle spasm. Criteria for use: -pain of at least three months duration-evidence that other appropriate pain modalities have been tried (including medication) and failedA one-month trial period should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, pain relief and function; rental preferred over purchase during this trial- Other ongoing pain treatment should be documented during the trial period, including medication usage- specific short- and long-term goals of treatment with the TENS unit should be submitted.- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryThe available clinical documentation does not support the use of TENS in this case. The provider is requesting a two-month trial with a four-lead unit without documenting why a lengthy trial or a four-lead unit is necessary. There is no documentation of any short- or long-term goals for the use of TENS, and it is not clear that the provider has discussed with the patient the necessary documentation to be performed during the trial (i.e. documentation of frequency of use, resultant pain relief and functional improvement, and effect on medication use).Based on the MTUS citation above and on the clinical documentation provided for my review, a two-month rental of a TENS unit with supplies is not medically necessary. It is not medically necessary because the provider has not documented reasons for requesting a two-month trial and a 4-lead unit, has not documented any goals for the use of the unit, and has not documented a discussion with the patient regarding what she should document during the trial.