

<b>Case Number:</b>	CM15-0102286		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, North Carolina  
 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:

The injured worker is a 43-year-old female, who sustained an industrial injury on 03/27/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right shoulder impingement syndrome and status post arthroscopy with subacromial decompression on 09/30/2014. Treatment and diagnostic studies to date has included physical therapy, home exercise program, and medication regimen. In a progress note dated 04/29/2015 the treating physician reports complaints of pain around the shoulder with weakness and trapezial spasms. The treating physician requested use of a transcutaneous electrical nerve stimulation unit after completion of physical therapy for chronic myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit, with supplies, Right Shoulder:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** CA MTUS does not recommend TENS units 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 evidenced-based functional restoration. In this case, the patient is s/p right shoulder surgery and PT and the records note good progress. The request does not specify whether the TENS unit is for rental or purchase. Clarification is needed in this regard before approval can be considered, In addition, a treatment plan including specific short and long-term goals should also be submitted. At this time, the request is deemed not medically necessary pending additional documentation.