

<b>Case Number:</b>	CM15-0105136		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Emergency Medicine

### 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 50 year old male who sustained an industrial injury on 04/10/2013. Treatment provided to date has included: physical therapy, left shoulder surgery, medications, and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic and nerve conduction testing of the upper extremities (10/24/2014) showing bilateral median sensory neuropathy (worse on the right); and MRI of the cervical spine (09/18/2014) showing a large right-sided disc herniation at C5-6 with severe right foraminal encroachment, left C6-7 disc herniation with severe left foraminal encroachment. Comorbid diagnoses included history of sleep apnea, hypertension and prostatitis. There were no noted previous injuries or dates of injury. On 03/15/2015, physician progress report noted complaints of persistent left shoulder pain. Pain is rated as 5 (0-10) and described as dull and achy with a burning and shooting sensation in the left shoulder that radiates to the left upper extremity. It was reported that the injured worker had received a TENS (Transcutaneous Electrical Nerve Stimulation) unit and started using it; however, there were no reports of whether this unit was providing relief of pain. The physical exam revealed tenderness in the left acromioclavicular joint, restricted and painful range of motion in the left shoulder, and decreased strength in the left shoulder. The provider noted diagnoses of left shoulder adhesive capsulitis, left shoulder pain, status post left rotator cuff repair, low back pain, cervical radiculopathy, and neck pain. Plan of care includes TENS (Transcutaneous Electrical Nerve Stimulation) unit trial period and follow-up. The injured worker's work status remained modified/restricted. Requested treatments include TENS (Transcutaneous Electrical Nerve Stimulation) unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116.

**Decision rationale:** The requested TENS unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note " 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." The injured worker has tenderness in the left acromioclavicular joint, restricted and painful range of motion in the left shoulder, and decreased strength in the left shoulder. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit is not medically necessary.