

<b>Case Number:</b>	CM15-0131640		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 68 year old man sustained an industrial injury on 10/23/2010. The mechanism of injury is not detailed. Diagnoses include shoulder injury, myofascial pain, and gastritis. Treatment has included oral and topical medications, TENS unit, and home exercise program. Physician notes on a PR-2 dated 5/28/2015 show complaints of chronic shoulder pain rated 7/10. Recommendations include Tylenol, Lidopro, TENS patches, Omeprazole, continue home exercise program, TENS unit, and follow up in six to eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Patch x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The patient presents with chronic shoulder pain rated 7/10. The request is for TENS patch x4. The request for authorization is dated 05/28/15. Physical examination

reveals no pain upon palpation of right shoulder girdle. Patient walks daily. Also uses stationary bike. Also uses TENs for pain control. Patient's medications include Tylenol, Aspirin, Omeprazole and Lidopro. The patient's work status is not provided. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p 116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 05/28/15, treater's reason for the request is "Also uses TENs for pain control." However, guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical shoulder pain. Therefore, the request is not medically necessary.