

<b>Case Number:</b>	CM15-0134779		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: 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 45-year-old female who sustained an industrial injury on 10/20/2010 resulting in left shoulder pain. She is diagnosed with rotator cuff strain, bicipital tendonitis, and left shoulder impingement. Treatment has included physical therapy, massage, heat, TENS unit which she states helps reduce pain, and, medication. The injured worker continues to present with constant radiating left shoulder pain, and reduced range of motion. The treating physician's plan of care includes a stimulator conductive garment to use with TENS unit for left shoulder impingement. She is working part time with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stimulator conductive garment for use with TENS unit for left shoulder impingement:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** The ACOEM chapter on shoulder complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. The patient is past the acute phase of injury of the shoulder and therefore the ACOEM guidelines do not support the continued use of TENS device. Therefore, the request is not medically necessary.