

<b>Case Number:</b>	CM15-0138346		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, Hawaii  
 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:

The injured worker is a 43 year old male who sustained an industrial injury on 2-6-2012. Medical records indicate the injured worker is being treated for status post left shoulder surgery in 3-2013; status post left elbow surgery in 11-2012, and left median nerve neuropathy. Progress report dated 6-17-2015 reports left shoulder and left elbow pain a 7 out of 10. Pain was 4 out of 10 per progress report dated 5-20-2015. Pain was brought on with movement and is better with rest. Physical examination dated 6-17-2015 noted minimal tenderness over the AC joint and the posterior lateral aspect of the shoulder, more pain in the posterior aspect of the shoulder. Range of motion of the left shoulder was decreased. Range of motion was worse since the prior visit. Treatment has included injections, pain medications, physical therapy, and 18 session of acupuncture. MRI of the left shoulder dated 9-13-2012 revealed irregular anterior-inferior labral tear with marrow edema in the inferior glenoid. The utilization review form dated 7-8-2015 included a TENS unit for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Transcutaneous electrical nerve stimulation (TENS) unit for the left shoulder:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with pain affecting the left shoulder. The current request is for Purchase of transcutaneous electrical nerve stimulation (TENS) unit for the left shoulder. The treating physician states in the report dated 6/17/15, "He reports that he tried a TENS unit after his surgery with good benefit. I would like to request for one to be given to him for home use." (126B) The MTUS Guidelines state, "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." In this case, the treating physician has not clearly documented if the patient had a one-month trial and did not submit a treatment plan, which the MTUS guidelines require. The current request is not medically necessary.