

<b>Case Number:</b>	CM15-0144284		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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:

The injured worker is a 58 year old male who sustained an industrial/work injury on 11-15-11. He reported an initial complaint of upper extremity pain. The injured worker was diagnosed as having right shoulder partial rotator cuff tear. Treatment to date includes medication, physical therapy, and home exercises. Currently, the injured worker complained of right shoulder pain and cold weather increased pain. Per the primary physician's report (PR-2) on 5-19-15, exam noted range of motion improving, and positive clicking. Current plan of care included continuing home exercise program along with meds, heat, and ice. The requested treatments include transcutaneous electrical nerve stimulation (TENS) unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies for unspecified rental or purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

**Decision rationale:** This patient presents with chronic right shoulder pain. The current request is for a TENS unit and supplies for unspecified rental or purchase. The RFA is not provided in the medical file. Treatment to date includes right shoulder SAD and labral debridement (03/16/15), medication, ice/heat, physical therapy, and home exercises. The patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, under TENS chronic pain (transcutaneous electrical nerve stimulation, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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." According to progress report 05/19/15, the patient is 2 months post op. He found physical therapy to be helpful. Examination revealed range of motion is improving, and there was positive clicking and popping. The report is handwritten and the examination findings are partially illegible. There is no discussion regarding the requested TENS unit and a RFA was not included in the medical file. The treater has not provided a medical rationale for the request, nor indicated whether this is a request for rental or for home use. In this case, there is no documentation of intent to trial the unit for 30-days prior to purchase or rental. As there is no evidence of a successful 30-day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.