

<b>Case Number:</b>	CM15-0168791		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/18/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old male who sustained an industrial injury on 05-18-2014. Current diagnoses include impingement syndrome of the left shoulder with bicipital tendinitis and rotator cuff tear-rotator cuff repair and labral repair, and sleep difficulty associated with chronic pain if not stress or depression. Report dated 07-28-2015 noted that the injured worker presented with complaints that included intermittent pain in the left shoulder. Physical examination was positive for mild weakness against resistance, decreased shoulder range of motion, and decreased strength. Previous treatments included medications, surgical intervention on 12-08-2014, physical therapy, and light exercises. The treatment plan included requests for tramadol ER, Naproxen, Protonix, 12 sessions of work hardening program for strength, and TENS unit with conductive garment for the shoulder. Currently the injured worker is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation, work hardening x 12:** 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): Work conditioning, work hardening.

**Decision rationale:** The claimant sustained a work injury in May 2014 while working as a maintenance technician when he lifted a heavy object and felt a pop in his left shoulder. He underwent an arthroscopic left subacromial decompression with labral repair with open rotator cuff repair on 12/08/14. When seen, he had completed 24 postoperative physical therapy treatments. He had improved range of motion but was still lacking strength. He had not returned to work. Physical examination findings included mild left shoulder abduction weakness. There had been benefit with use of electrical stimulation during therapy. Authorization was requested for a home TENS unit with conductive garment and for 12 sessions of work hardening. He was continued at temporary total disability. The purpose of work conditioning/hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by a plateau and a defined return to work goal. In this case, the claimant has already had physical therapy. He has mild left shoulder weakness and would likely continue to improve in terms of strength with a continued home exercise program. A functional capacity evaluation would be needed to determine whether work hardening would be needed prior to return to work. Additionally, guidelines recommend 10 visits over 4 weeks, equivalent to up to 30 hours for the shoulder and 12 sessions are being requested. The request is not medically necessary.

**Four (4) lead TENS unit, conductive garment:** 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 claimant sustained a work injury in May 2014 while working as a maintenance technician when he lifted a heavy object and felt a pop in his left shoulder. He underwent an arthroscopic left subacromial decompression with labral repair with open rotator cuff repair on 12/08/14. When seen, he had completed 24 postoperative physical therapy treatments. He had improved range of motion but was still lacking strength. He had not returned to work. Physical examination findings included mild left shoulder abduction weakness. There had been benefit with use of electrical stimulation during therapy. Authorization was requested for a home TENS unit with conductive garment and for 12 sessions of work hardening. He was continued at temporary total disability. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Additional pads can be connected with use of a splitter cable without requiring a 4 lead unit. A garment would require documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, there is no documented home-based trial of a basic two lead unit TENS. Therefore, the request is not medically necessary.

