

<b>Case Number:</b>	CM15-0200507		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New Jersey

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 43 year old male, who sustained an industrial injury on 10-1-2007. The injured worker is undergoing treatment for: status post left shoulder total arthroplasty, neurapraxia of axillary nerve. On 4-20-15, subjective findings are noted as "I have gone over the findings on the nerve test, and I have encouraged him that the nerve will most likely return". Objective findings revealed "passively he has 180 degrees of flexion, 160 degrees of abduction, internal rotation of 80 degrees, and external rotation of 45 degrees". On 9-14-15, left shoulder pain and is noted to be approximately 10 months post total shoulder replacement. Objective findings revealed notation of "slowly regaining strength and mobility of his left shoulder". The treatment and diagnostic testing to date has included: left shoulder surgery (11-14-14), medications, multiple sessions of physical therapy, and electrodiagnostic studies (date unclear). Medications have included: Neurontin, Flexeril, and Voltaren. Current work status: temporarily totally disabled. The request for authorization is for: TENS unit rental for 2 months, and EMS unit rental for 2 months. The UR dated 9-29-2015: non-certified the requests for TENS unit rental for 2 months, and EMS unit rental for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 2 months rental:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was record of having persistent shoulder pain. There appeared to be some indication for appropriateness of a TENS trial, however, combining a TENS trial with an EMS unit trial is not appropriate and one unit at a time would be more appropriate to assess effectiveness. Regardless, the request was for 2 months of trial, which is longer than medically necessary in order to determine its effectiveness. Therefore, this request as written will be considered medically unnecessary at this time.

**EMS unit 2 months rental:** 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 MTUS Chronic Pain Treatment Guidelines state that muscle stimulation devices are generally not recommended and are used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from these units for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. In the case of this worker, there was record of having persistent shoulder pain. Combining an EMS unit trial with a TENS unit trial is not appropriate and one unit at a time would be more appropriate to assess effectiveness. Regardless, this unit would not be appropriate for use in chronic shoulder pain. Also, the request was for 2 months of trial, which is longer than medically necessary in order to determine its effectiveness. Therefore, this request as written will be considered medically unnecessary at this time.