

<b>Case Number:</b>	CM15-0204094		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: 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:

This then said 36 year old male sustained an industrial injury on 08-04-2014. According to a periodic report dated 09-23-2015, the injured worker reported that his pain was about the same and was rated 4 on a scale of 0-10. It was constant and had sharp flare ups when he pushed down with his hand. Pain was brought on with sleeping on the right side and with use of his right arm. It was made better with medication. He was not in any active therapy and was working modified duty. He reported that the steroid injection helped him and he had been rigorously working on exercises. He had shown improvement with improved range of movement of 150 degrees in both abduction and forward flexion. This was limited by pain. Visual inspection of the right shoulder demonstrated well-preserved anatomical alignment. Palpation over the acromioclavicular joint was painless. There was no tenderness to palpation at the rotator cuff anteriorly. Range of motion of the right shoulder was decreased with flexion, abduction and internal rotation. Muscle strength testing was normal at 5 out of 5. Various impingement maneuvers were positive in the shoulder. Stress testing of the anterior and posterior capsular structures revealed no evidence of shoulder instability or apprehension. There was a negative sulcus sign. Sensation was intact in the C5, C6, C7, C8 nerve distribution. Deep tendon reflexes were normal. Hoffman's reflex and Spurling's test were negative. Radial pulse, ulnar pulse and capillary refill were normal. The provider noted that the injured worker was using a TENS unit daily after work. An authorization request dated 09-23-2015 was submitted for review. The requested services included TENS unit. On 10-02- 2015, Utilization Review non-certified the request for purchase of TENS unit for the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase or TENS Unit for the right shoulder:** Overturned

**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 claimant sustained a work injury in August 2014 with injury to the right shoulder while [REDACTED]. In June 2015 there had been improvement with acupuncture treatments. He was working with restrictions. In August 2015 there had been improvement after a steroid injection. He was performing a home exercise program. When seen in September 2015 his pain was the same. He was having pain with use of his right arm and when sleeping on the right side. He was having constant symptoms with sharp flare-ups when pushing down with his hand. His pain was improved with ibuprofen and Lidoderm patches. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. A repeat steroid injection was planned. The assessment references the injection combined with exercises as helping him as he was using a TENS unit daily after work. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. 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. In this case, the claimant is using a TENS unit daily after work and it is helping in terms of managing his pain. A basic TENS unit with supplies is being requested and is medically necessary.