

<b>Case Number:</b>	CM15-0022393		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 44-year-old female who reported an injury on 05/31/2012. The mechanism of injury was not stated. The current diagnosis is complete rupture of the rotator cuff. It was noted that the injured worker was status post rotator cuff repair distal clavicle resection on 12/19/2013 and manipulation debridement on 07/22/2014. The injured worker presented on 02/11/2015 for a follow up evaluation. The injured worker reported an improvement in range of motion and strength compared to the initial evaluation. Upon examination, there was 170 degree flexion, 160 degrees abduction, 80 degree external rotation, and internal rotation to L2. Strength was 5/5. Recommendations at that time included a follow up evaluation on an as needed basis. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit trial for 60 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. In this case, there was no documentation of a physician progress note submitted by the requesting physician. The medical necessity has not been established in this case. There was also no evidence of a failure of other appropriate pain modalities, including medication. The request for a 60 day trial exceeds guideline recommendations. Given the above, the request is not medically appropriate.