

<b>Case Number:</b>	CM15-0027717		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 a work related injury on April 23, 2013, when he was moving a piece of furniture into a vault, missed a ramp and fell to the ground. Treatments included physical therapy sessions, home exercise program, modified duty, use of a cane and medications. He underwent left shoulder arthroscopic surgery and rotator cuff repair. Electromyogram studies and nerve conduction velocity were performed. He was diagnosed with adhesive capsulitis of the shoulder and, rotator cuff tear, lumbar and cervical degenerative disc disease with herniation. Currently, the injured worker complained of shoulder pain and limited range of motion with stiffness in the shoulder joint. On January 14, 2015, a request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit to purchase was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are adhesive capsulitis; rotator cuff tear; and pain in joint shoulder region. Documentation in the medical record (pursuant to a January 16, 2015 progress note) shows the injured worker did not partake in a TENS one month trial. There is no documentation that TENS was used during physical therapy. There is no documentation containing specific short and long-term goals for TENS. Consequently, absent clinical documentation containing clinical criteria for TENS use and a one month TENS trial, TENS unit for purchase is not medically necessary.