

<b>Case Number:</b>	CM15-0219957		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: North Carolina, Georgia  
 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 59 year old male, who sustained an industrial injury on 4-10-2014. The injured worker is undergoing treatment for: bilateral shoulder pain. On 6-17-15, the provider notes the injured worker was given a TENS unit for home use. On 9-15-15, a QME report indicted he reported bilateral shoulder pain. He indicated he had difficulties with activities of daily living such as brushing his teeth and cutting his food. Physical examination revealed normal gait, well healed surgical scars on right shoulder, no muscle atrophy or tenderness or crepitus on range of motion, negative apprehension signs, negative impingement and supraspinatus testing bilaterally, and decreased voluntary range of motion bilateral shoulders. There is no discussion regarding functional improvement with the use of TENS. The treatment and diagnostic testing to date has included: urgent care treatment (date unclear), 4 cortisone injections of right shoulder (dates unclear), multiple sessions of physical therapy, right shoulder surgery (12-1-14), at least 24 post surgery physical therapy sessions, medications and TENS unit. Medications have included: metformin, ibuprofen, acyclovir, and benazepril. Current work status: maximum medical improvement. The request for authorization is for: TENS electrodes x 28 per month for 12 months. The UR dated 11-6-2015: non-certified the request for TENS electrodes x 28 per month for 12 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) electrodes, x 28 per month for 12 months:** 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:** CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried(including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record does not document response to TENS unit r short or long term goals of treatment. Ongoing use of TENS unit is not medically supported by the record and therefore electrodes for use with it are not medically necessary.