

<b>Case Number:</b>	CM15-0032021		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 39 year old male, who sustained an industrial injury on 12/26/12. He has reported right shoulder pain. The diagnoses have included shoulder pain and biceps tendon tear and rotator cuff tear status post fixation. Treatment to date has included left shoulder surgery. Currently, the injured worker complains of minimal pain left shoulder. Physical exam dated 11/20/14 noted healing incision of left shoulder and decreased range of motion with pain. On 2/9/15 Utilization Review non-certified durable medical equipment GSM H D combo with HAN-replacement TENS unit, durable medical equipment electrodes 8 pair per month for 12 months, durable medical equipment batteries 6 AAA per month for 12 months, noting it is not recommended for first line treatment and physical therapy post-op additional 3 times a week for 6 weeks for left shoulder, noting the lack of documentation of neuropathic pain, phantom limb pain, multiple sclerosis or specificity from spinal cord injury. The MTUS, ACOEM Guidelines and ODG were cited. On 2/12/15, the injured worker submitted an application for IMR for review of durable medical equipment GSM H D combo with HAN-replacement TENS unit, durable medical equipment electrodes 8 pair per month for 12 months, durable medical equipment batteries 6 AAA per month for 12 months and physical therapy post-op additional t3 times a week for 6 weeks for left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GSM HD combo with HAN- replacement TENS unit purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation (TENS) Page(s): 114-116.

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

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS 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, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. It is also recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) 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 patient underwent arthroscopic shoulder surgery. Postoperative TENS unit use for pain relief is recommended for 30 days. Machine rental is recommended for 30 day TENS use. Purchase is unnecessary. If TENS unit is requested for chronic pain, 30 day home trial is recommended to determine benefit. There is no documentation that the patient has had a successful home trial of TENS unit. The request should not be authorized.

**Electrode: 8 pairs per month for 12 months #96: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation (TENS) Page(s): 114-116.

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

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS 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, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. It is also recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) 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 electrodes are TENS unit supplies. The patient underwent arthroscopic shoulder surgery. Postoperative TENS unit use for pain relief is recommended for 30 days. Machine rental is recommended for 30 day TENS use. Purchase is unnecessary. If TENS unit is requested for chronic pain, 30 day home trial is recommended to determine benefit. There is no documentation that the patient has had a successful home trial of TENS unit. In addition, the requested supplies are for 12 months of treatment. This surpasses the recommended 30 days for home trial. The request should not be authorized.

**6 AAA batteries per month for 12 months #72: 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 Pain Interventions and Guidelines Page(s): 114-117.

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS 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, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. It is also recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) 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 batteries are TENS unit supplies. The patient underwent arthroscopic shoulder surgery. Postoperative TENS unit use for pain relief is recommended for 30 days. Machine rental is recommended for 30 day TENS use. Purchase is unnecessary. If TENS unit is requested for chronic pain, 30 day home trial is recommended to determine benefit. There is no documentation that the patient has had a successful home trial of TENS unit. In addition, the requested supplies are for 12 months of treatment. This surpasses the recommended 30 days for home trial. The request should not be authorized.

**Physical therapy post op 3 times a week for 6 weeks for the left shoulder #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The recommended postsurgical treatment for arthroscopic shoulder surgery is 24 visits over 14 weeks with a postsurgical treatment period of 6 months. Initial course of therapy equal to one-half of the number of visits specified, is recommended to determine if functional improvement will be gained. In this case, the requested number of 18 visits surpasses the number or 12 visits recommended for initial course of therapy. The request should not be authorized.