

<b>Case Number:</b>	CM15-0048823		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Texas, California

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 55-year-old male, who sustained an industrial injury on 9/23/2013. He reported being jolted while unloading a truck and hitting head. The injured worker was diagnosed as having left shoulder impingement syndrome and cervical spine degenerative joint disease and radiculopathy. Treatment to date has included conservative measures, including diagnostics, physical therapy, cortisone injection, and medications. Currently, the injured worker complains of left shoulder pain. Exam of the left shoulder noted positive Neer's, Hawkin's, and Speed's tests. Tenderness to palpation over the supraspinatus tendon, 5/5 strength was noted. Regarding the neck, positive Spurling's were noted. Tenderness to palpation over the cervical spine was noted. Decreased strength and deep tendon reflexes in the upper extremities were noted. X-rays of the left shoulder and cervical spine were referenced. The treatment plan included a left shoulder arthroscopic surgery. The progress note, dated 2/20/2015, referenced magnetic resonance imaging of the cervical spine and recent electromyogram studies. Magnetic resonance imaging of the left shoulder, dated 1/28/2014, was submitted. The rationale for the requested durable medical equipment was not noted. He has had MRI of the cervical spine on 10/28/2013 that revealed cervical spine disc herniation; disc protrusion and foraminal narrowing and degenerative disc disease; MRI of the left shoulder on 1/28/14 that revealed tendon tear. The medication list include Duexis, Percocet and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (durable medical equipment) TENS (Transcutaneous Electrical Nerve Stimulation) unit/CPM (continuous passive motion) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), ODG Shoulder chapter, Continuous passive motion (CPM).

**Decision rationale:** DME (durable medical equipment) TENS (Transcutaneous Electrical Nerve Stimulation) unit/CPM. According the cited guidelines, electrical stimulation (TENS), is "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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted." Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. In addition, per the cited guidelines, CPM (continuous passive motion) device is "Not recommended for shoulder rotator cuff problems. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 1996) (BlueCross BlueShield, 2005) An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and no operative treatments for rotator cuff tears is limited and inconclusive. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength." The medical necessity of the request for DME (durable medical equipment) TENS (Transcutaneous Electrical Nerve Stimulation) unit/CPM is not fully established for this patient. Therefore, the request is not medically necessary.

