

<b>Case Number:</b>	CM14-0149996		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old male with a 6/6/13 date of injury. The mechanism of injury occurred when he slipped on the floor, fell, and injured his right shoulder and neck. According to a progress report dated 7/31/14, the patient complained of right shoulder pain and discomfort and severe dysfunction. He rated his pain as a 3/10. Objective findings: significant atrophy of the entire shoulder complex, tenderness to palpation of the biceps muscle, limited range of motion of right shoulder, motor strength 3/5 right shoulder. Diagnostic impression: right rotator cuff tear, right biceps tendon tear, history of shoulder surgery. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 9/4/14 denied the request for TENS unit purchase and TENS unit electrodes. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase and TENS unit electrodes (6 pairs/month): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In the notes provided for review, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. In addition, there is no documentation that the patient has had a trial of a TENS unit with documented functional improvement to warrant the medical necessity of its purchase. Therefore, the request for TENS unit purchase and TENS unit electrodes (6 pairs/month) was not medically necessary.