

<b>Case Number:</b>	CM14-0081259		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 50 year-old female was reportedly injured on 12/17/2008. The mechanism of injury is noted as onset of pain after opening a door. The most recent progress note, dated 5/5/2014, indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination is handwritten and states decreased range of motion in the shoulders. No recent diagnostic studies are available for review. Previous treatment includes medication, physical therapy, TENS unit, left shoulder arthroscopy, and injections. A request had been made for extended rental of TENS unit for eight months and was not certified in the pre-authorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended Rental of Neurotransmitter TENS-EMS ( transcutaneous electrical nerve stimulation-electronic muscle stimulator) x 8 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

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

**Decision rationale:** MTUS treatment guidelines recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, physical therapy and a TENS unit is helping significantly; however, there is no documentation of a full one-month trial. The MTUS requires that an appropriate one-month trial should include documentation of how often the unit was used, the outcomes in terms of pain relief/reduction and improvement in function. Review of the available medical records, fails to document a required one-month TENS trial. As such, this request for additional rental of a TENS unit is not considered medically necessary.