

<b>Case Number:</b>	CM14-0099492		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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:

The injured worker is a 55 year old female who reported injury on 06/25/2013, when a ladder fell on her shoulder. Diagnoses included right shoulder avascular necrosis of the humeral head, right shoulder bursitis, right shoulder biceps tenosynovitis, right shoulder partial rotator cuff repair. The past treatments included NSAIDs, muscle relaxants, physical therapy, transcutaneous electrical nerve stimulation (TENS), steroid injections. An MRI, dated 11/06/2013, revealed a supraspinatus tear, subacromial bursitis, humeral head avascular necrosis, acromioclavicular joint degeneration with inflammatory response, and axillary pouch capsulitis. The progress note, dated 05/23/2014, noted the injured worker complained of pain, rated 4/10. The physical exam revealed tenderness about the right shoulder, tenderness over the bicipital groove, and crepitus with range of motion. Medications included Norco 10/325 mg. The treatment plan requested to proceed with subacromial decompression of the right shoulder, biceps tenodesis, and microfracture of the area of avascular necrosis, with the use of a TENS unit in the meantime, and modified work if it is available for her. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit 2 months Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Criteria for the use of TENS Page(s): 116.

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

**Decision rationale:** The request for TENS unit 2 months rental is not medically necessary. The injured worker had right shoulder pain, rated 4/10, with, tenderness about the right shoulder, tenderness over the bicipital groove, and crepitus with range of motion, and has been prescribed transcutaneous electrical stimulation since 11/18/2013. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. The trial period should document how often the unit was used, and outcomes in terms of pain relief and function, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There is no indication of neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. There is no indication of pain or functional improvement with previous TENS use. The TENS treatment goals were not documented. The guidelines recommend a one month home based TENS trial prior to purchase. The request for 2 months rental would exceed the guideline recommendations. Given the previous, use of a TENS unit is not indicated at this time. Therefore, the request is not medically necessary.