

<b>Case Number:</b>	CM14-0181498		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Occupational Medicine 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 patient is a 63-year-old female who has submitted a claim for unspecified derangement of shoulder region associated with an industrial injury date of 2/13/2012. Medical records from 2014 were reviewed. The patient complained of right shoulder pain rated 6/10 in severity aggravated when lying down. Abduction aggravated the pain. Physical examination of the right shoulder showed limited motion, trigger points, no crepitus, and normal motor / sensory testing. The MRI of the right shoulder, dated 7/11/2014, revealed supraspinatus tendinosis with full thickness tear. Treatment to date has included acupuncture, interferential unit use and medications. The utilization review from 10/27/2014 denied the request for TENS/EMS unit because there was no evidence of an adjunct functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

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

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient complained of right shoulder pain rated 6/10 in severity aggravated when lying down. Physical examination of the right shoulder showed limited motion, trigger points, no crepitus, and normal motor / sensory testing. The MRI of the right shoulder, dated 7/11/2014, revealed supraspinatus tendinosis with full thickness tear. Symptoms persisted despite acupuncture, interferential unit use and medications hence the request for TENS / EMS unit. However, medical records submitted and reviewed did not provide any evidence that the patient was still continuing her home exercise program; TENS is not recommended as a solitary mode of treatment modality. Moreover, as stated on page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify the intended duration for treatment and if the device was for rental or purchase. Therefore, the request for TENS / EMS unit is not medically necessary.