Case Number:	CM14-0214609		
Date Assigned:	01/02/2015	**Date of Injury:**	03/13/2014
Decision Date:	03/09/2015	**UR Denial Date:**	12/17/2014
Priority:	Standard	**Application Received:**	12/22/2014

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. 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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 inured worker is a 68 year old female with a date of injury of March 13, 2014. Results of the injury include bilateral shoulders. Diagnosis include bilateral carpal tunnel syndrome, bilateral shoulder tendonitis, cervical myalgia, and lumbar myalgia with radicultis. Treatment has included physical therapy, electrical stimulation, and medications. Magnetic Resonance Imaging (MRI) scan of the left shoulder dated November 13, 2014 revealed mildly increased signal in the bursal site fibers of the supraspinatus tendon which may represent a low grade partial thickness bursal site tear, linear increased signal in the intraarticular and intertrabecular long head of biceps tendon concerning for a longitudinal tear, and small amount of subacromial and subde ltoid bursal fluid concerning for bursitis. MRI of the right shoulder revealed mildly increased signal in the bural site fibers of the supraspinatus tendon at the footprint concerning the low grade partial thickness bursal site tear, mildly increased T2 signal in the supraspinatus tendon which may represent tendonitis, mildly increased T2 signal in the intraarticular long head biceps tendon, which may represent mild tendonosis. Progress report dated December 3, 2014 showed diminished sensation to the right hand. Range of motion to the shoulders was limited. Tinel's and Phalen's test were positive bilaterally. There was tenderness in the cervical paravertebral muscles, trapezius, and shoulders. Disability status was noted as temporary totally disabled. Treatment plan was for the use of a TENS unit and continue medications on an as needed basis.Utilization Review form dated December 17, 2014 non certified TENS unit due to noncompliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120. Decision based on Non-MTUS Citation Pain, TENS (transcutaneous electrical nerve stimulation)

Decision rationale: The MTUS states that inferential current units are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." ODG further outlines recommendations for specific body parts:Low back: Not recommended as as an isolated interventionKnee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise programNeck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findingsAnkle and foot: Not recommendedElbow: Not recommendedForearm, Wrist and Hand: Not recommendedShoulder: Recommended for post-stroke rehabilitationThe treating physician noted that the patient was being treated for bilateral shoulder tenderness and lateral epicondyle tenderness.Tens units are not recommended for the elbow and are only recommended for post stroke rehabilitation of the shoulder.The progress notes are difficult to read and the treating physician has not detailed other active therapies being utilized in conjunctions with the Tens unit. As such, the request for a TENS unit is not medically necessary.