

<b>Case Number:</b>	CM14-0214930		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California  
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 46-year-old male who reported an injury on 07/29/2013. The mechanism of injury was not specifically stated. The current diagnosis is status post right shoulder arthroscopic subacromial decompression. The injured worker presented on 12/05/2014 with complaints of 5/10 right shoulder pain. It is noted that the injured worker had participated in 12 sessions of postoperative physical therapy. The current medication regimen includes hydrocodone 10 mg, cyclobenzaprine, tramadol ER, ibuprofen, and Protonix. It was also noted that the injured worker utilizes a TENS unit 5 days per week. Upon examination, there was tenderness to palpation with improved range of motion and a decrease in spasm of the cervical trapezius. Recommendations at that time included additional postoperative physical therapy for the right shoulder and continuation of TENS therapy. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment: TENS supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS

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

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. A 1 month trial period of the TENS unit should be documented with evidence of how often the unit was used and outcomes in terms of pain relief and function. Guidelines recommend postoperative TENS therapy in the first 30 days following surgery. It is noted that the injured worker is status post right shoulder subacromial decompression on 08/11/2014. While it is noted that the injured worker utilizes a TENS unit 5 days per week, there is no documentation of objective functional improvement. Therefore, additional supplies cannot be determined as medically appropriate in this case.

**additional post-operative physical therapy 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 27.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker is status post right shoulder subacromial decompression. The California MTUS Guidelines recommend 24 visits over 14 weeks. The injured worker has participated in 12 postoperative physical therapy sessions. There is no documentation of objective functional improvement. There was also no specific body part in the current request. As such, the request is not medically appropriate.