

<b>Case Number:</b>	CM15-0122135		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/09/2000
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 78 year old male, who sustained an industrial injury on 7/9/00. Initial complaints noted as a fall injury with right shoulder pain. The injured worker was diagnosed as having torn rotator cuff right arthropathy; arthritis AC (Acromioclavicular) joint right; bursitis of the right shoulder; osteoarthritis (DJD) shoulder right. Treatment to date has included status post L3-S1 fusion (2/2001); status post hardware removal L3-S1 (6/2001; status post revision laminectomy L2-3 (4/203); status post right total knee Arthroplasty; chiropractic therapy; physical therapy; medications. Diagnostics included EMG/NCV study lower extremities (3/1/13). Currently, the PR-2 notes dated 5/27/15 indicated the injured worker is in pain management who started him with a chiropractor which is helping him. He has used a TENS unit in physical therapy which has helped the pain and he would like one for home use. He had it ordered by pain management which did not get approved because the pain management physician is not the PMD. He has had surgery 9 years ago for this right shoulder and it helped until a couple of years ago. Now over the last few months the pain has "gotten really bad" and he wants to know what can be done about it. He has been treated with Medrol dose packs and injections. On physical examination of the right shoulder the provider notes palpation of the ACJ with tenderness, cross-arm test positive and there is tenderness over the subacromial space, crepitation in the subacromial area. Impingement test shows positive supraspinatus test and positive impingement test and Hawkin's test. Cervical spine exam reveals tenderness over the trapezium muscle. The provider documents the injured worker has a massive rotator cuff tear

and may not be able to surgically repair the large tear but may want to consider a reverse total shoulder arthroplasty. The provider's treatment plan included a TENS unit.

### **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.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not medically necessary.