

<b>Case Number:</b>	CM15-0123258		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old female, who sustained an industrial injury on November 9, 2011. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having arthroscopy of right shoulder and neck sprain. Treatment to date has included surgery, therapy and medication. A progress note dated April 1, 2015 provides the injured worker complains of right shoulder pain with weakness. Physical exam notes right shoulder tenderness on palpation with decreased range of motion (ROM). The cervical spine is tender on palpation with spasm. The plan includes injection. There is a request for Transcutaneous Electrical Nerve Stimulation (TENS) purchase with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS purchase/supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.