

<b>Case Number:</b>	CM15-0124577		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 61-year-old male sustained an industrial injury to the right shoulder on 12/16/13. Previous treatment included injections, home exercise, physical therapy, medications. In a PR-2 dated 6/10/15, the injured worker complained of ongoing right shoulder pain, rated 7/10 on the visual analog scale associated with numbness and tingling of the acromial joint and popping sensations. The injured worker stated that he might have aggravated his shoulder injury over the last week when lifting weights. The injured worker reported that he had stop taking pain medications over the last few days because he was scared that he might have a problem. The injured worker had run out of Norco and was using Tramadol for pain management. Physical exam was remarkable for right shoulder with positive Neer's and Hawkin's signs, Current diagnoses included right shoulder and 4/5 full cans testing and resisted liftoff maneuver. Current diagnoses included shoulder adhesive capsulitis, bicipital tendonitis, shoulder bursitis, shoulder degenerative joint disease and superior glenoid labia lesion. The injured worker received an injection during the office visit. The treatment plan included a transcutaneous electrical nerve stimulator unit for home pain control, icing affected area, continuing home stretching and medications (Topicin patches, Diclofenac sodium, Naproxen Sodium, Norco and Tramadol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a transcutaneous electrical nerve stimulator (TENS) or Interferential stimulator (IF) for pain control for the right shoulder.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Interferential Current Stimulation (ICS) Page(s): 116, 118-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-120.

**Decision rationale:** Purchase of a transcutaneous electrical nerve stimulator (TENS) or Interferential stimulator (IF) for pain control for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is 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. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation does not reveal a treatment plan with goals of treatment as well as a one month trial with evidence of pain relief and functional improvement therefore this request for a purchase of a TENS unit or IF unit is not medically necessary.