

<b>Case Number:</b>	CM15-0127408		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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(n) 40 year old female, who sustained an industrial injury on 10/7/13. She reported pain in her lower back, right hand and bilateral shoulders related to cumulative trauma. The injured worker was diagnosed as having bicipital tenosynovitis, shoulder sprain and myofascial pain syndrome. Treatment to date has included physical therapy x 12 sessions, an EMG/NCS study on 11/12/14 showing bilateral carpal tunnel syndrome, Cyclobenzaprine and Nabumetone. As of the PR2 dated 6/12/15, the injured worker reports pain in her right shoulder with any carrying or range of motion. She rates her pain an 8/10. Objective findings include right shoulder range of motion flexion 145 degrees, extension 30 degrees, abduction 105 degrees and adduction 40 degrees. She also has a positive Neer test in both shoulders. The treating physician requested a transcutaneous electrical nerve stimulator (TENS) unit purchase for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulator (TENS) unit purchase for the shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include: Trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Transcutaneous electrical nerve stimulator (TENS) unit purchase for the shoulder is not medically necessary and appropriate.