

<b>Case Number:</b>	CM15-0172196		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 6-28-14. The injured worker was diagnosed as having right distal clavicle fracture; status post ORIF right clavicle (8-6-14); status post rib fractures right 3, 4 and 5. Treatment to date has included physical therapy; medications. Diagnostics studies included X-rays right shoulder (6-28-14). Currently, the PR-2 notes dated 9-3-15 documented by the provider indicated the injured worker's "Subjective complaints: 9 out of 10 shoulder pain increasing, inquires in regards options, including surgery. Right chest wall pain 5 out of 10 scale. Low back pain 3 out of 10 scale. Medications include hydrocodone, pantoprazole and Xanax." Objective Findings are documented by the provider as "Tenderness of the right shoulder diffusely. No signs of infection, Incision well healed. Right shoulder flexion 60 degrees, abduction 50 degrees. This demonstrates a decline, positive impingement signs, positive Jobe test, and positive apprehension test." The provider's treatment plan includes; Await response request for reconsideration to proceed with a right shoulder arthroscopy. Recall refractory nature right shoulder condition to physical therapy, home exercise, activity medication, NSAIDs, ice and heat. Observe in regards to lumbar spine as well as chest wall. Continue TENS. TENS facilitates diminution of pain and spasm. Continue request for topical compound, urine toxicology screen. The PR-2 notes dated 8-6-15 are documented by the provider as "Subjective complains: 9 out of 10 right shoulder pain increasing, inquires in regards options including surgery, right chest wall pain 5 out of 10 and low back pain 3 out of 10. Medications include hydrocodone, pantoprazole and Xanax." Physical examination is same to similar as 9-3-15. The injured worker is a status post ORIF [open reduction internal fixation] right clavicle on 8-6-14. Documentation also notes that due to a fall 8 feet, the injured worker sustained right side rib fractures 3, 4, and 5 along with the right clavicle fracture that

resulted in the surgical repair. A PR-2 dated 7-13-15 document his complaints as complains of pain in the right acromioclavicular joint and 'a tendon is sore' about the right anterior shoulder. He reports that his symptoms in both regions are 'increased, every day, with any activity of the right shoulder.' The injured worker reports "if I keep the arm down, the pain is almost normal, but if I lift the arm, that's when it hurts." He reports he cannot sleep on the right side and experiences sensory changes to include numbness and tingling of the entire right upper extremity from the shoulder down to the fingers of the right hand. He reports a painful 'pull' in the right shoulder when attempting to make a fist. He has no posterior right shoulder pain but complains of right-sided neck, each and jaw pain. He controls the symptoms with medications. Although he was provided with a TENS unit for pain control, he does not use it stating, "it caused me more pain." he does not exercise or perform strengthening exercises 'because there is inflammation of the shoulder'. A Request for Authorization is dated 8-27-15. A Utilization Review letter is dated 8-6-15 and non-certification for Retrospective request with DOS of 11-8-2014 for 30 day trial of TENS unit. A request for authorization has been received for Retrospective request with DOS of 11/8/2014 for 30 day trial of TENS unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request with DOS of 11/8/2014 for 30 day trial of TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. In this case, the injured worker was status post ORIF [open reduction internal fixation] right clavicle on 8-6-14 with post-operative neuropathic pain. He attended post-operative physical therapy in which a TENS unit was used with stated efficacy, therefore this retrospective request for at-home trial of TENS dated 11/8/2014 is supported. The request for retrospective request with DOS of 11/8/2014 for 30-day trial of TENS unit is medically necessary.