

<b>Case Number:</b>	CM15-0173004		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 33 year old male, who sustained an industrial-work injury on 5-15-14. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having left shoulder impingement syndrome, left shoulder adhesive capsulitis. Treatment to date has included medication, surgery (left shoulder arthroscopy on 1-2015), physical therapy (PT)-12 sessions. Currently, the injured worker complains of continued moderate to severe symptoms in the left shoulder, status-post surgery. There was limited range of motion and above shoulder length activities, reaching, pulling and pushing activities. Per the primary physician's progress report (PR-2) on 6-9-15, exam revealed healed orthoscopic portals, limited range of motion in flexion to 80 degrees, abduction to 80 degrees, and external rotation to 70 degrees, positive impingement signs (Hawkin's and Neer's). On 7-9-15, condition was worsening with pain rated 8 out of 10. TENS was reported to work for pain during PT. Current plan of care includes MRI (magnetic resonance imaging) and transcutaneous electrical nerve stimulation (TENS) unit. MRI (magnetic resonance imaging) of the left shoulder demonstrated moderate supraspinatus tendinopathy without definite tear, small amount of fluid in the subacromial-subdeltoid bursa, and mild edema at the AC (acromioclavicular) joint but no joint widening. The Request for Authorization requested service included Retro: transcutaneous electrical nerve stimulation (TENS) Unit and supplies date of service 7/9/2015 and TENS Unit supplies. The Utilization Review on 10-2-15 denied the request per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Medical Treatment Guidelines due to it not being recommended if pain is at

least three months in duration, and need for trial of other modalities that have been tried and failed and also provide other pertinent data on its use.

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

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

**Retro: TENS Unit and supplies date of service 7/9/2015:** Upheld

**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:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. While it is noted that the injured worker reported that TENS use during physical therapy was helpful for pain, per the citation above, a documented one-month trial period is required to affirm medical necessity. Absent such, the request is not medically necessary.

**TENS Unit supplies:** Upheld

**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:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. As the requested TENS unit was not medically necessary, the requested supplies are not medically necessary.