

<b>Case Number:</b>	CM15-0096254		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60-year-old male, who sustained an industrial injury on October 31, 2013. He reported neck, arm, back and left shoulder pain following a fall secondary to tripping on a tire. The injured worker was diagnosed as having partial tear of the rotator cuff and aftercare following surgical intervention of the shoulder. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 6, 2014, revealed continued left shoulder pain. It was noted the left shoulder incision was well healed and he had been applying alternating heat and ice at home for pain. Magnetic resonance imaging of the left shoulder revealed a large recurrent rotator cuff tear, labral tear and synovitis. Physical therapy was continued and medications were renewed. Evaluation on December 4, 2014, revealed continued left shoulder pain. He continued physical therapy, a home exercise program and alternating heat and ice for pain. A TENS unit for the left shoulder was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS unit with 4 leads for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-117.

**Decision rationale:** The claimant has chronic left shoulder pain and the request is for a TENS unit for the left shoulder. CA MTUS Chronic Pain Guidelines recommends TENS as an adjunct to physical therapy. The conditions that are recommended to be treated with TENS therapy are neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. In the case, the patient does not meet any of the criteria for a TENS unit. In addition, a one month trial of the TENS unit is required prior to consideration of purchase of the unit. There is no documentation of a trial in the records submitted. Guidelines also state that a treatment plan with specific long and short-term goals and an adjunct physical restoration plan should be submitted with the request. There is no evidence of a treatment plan in the submitted documents. Therefore, due to the lack of the aforementioned requirements, the request is not medically necessary.