

<b>Case Number:</b>	CM14-0103052		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year old man with a date of injury of 12/13/12. He was seen by his secondary treating physician on 5/5/14 with complaints of bilaterally shoulder, ches and cervical spine pain. He completed a course of physical therapy between January and March 2014 which did help his symptoms and he was continuing to do his home exercises. His medications included norco and depocort. His exam showed a stiff cervical spine with 1+ pain right shoulder AC joint with impingement signs and 4/5 strength. An x-ray of the right shoulder glenohumeral arthritis as well as AC joint degenerative changes with a small subacromial bone spur. Her diagnoses were cervical spine disc at C4-5 and C5-6 causing right sided mild radiculopathy with numbness and tingling, right shoulder impingement and possible bursal sided rotator cuff tear, right sided chest pectoralis pain most likely due to impingement and radiation of pain and very mild impingement of the left shoulder. At issue in this review is the request for a home TENS unit. Per the note, he has had a 6 week trial of a TENS unit in the past with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

**Decision rationale:** A TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the request is for longer than the one month trial and it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. He already completed a 6 week trial with physical therapy in the past and he was continuing with his home exercise program. The request is not medically necessary.