

Case Number:	CM13-0006296		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2011
Decision Date:	06/11/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/02/2013

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 American Board of Orthopedic Surgery and is licensed to practice in California. 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 51 year-old female who sustained an injury on September 9, 2011. The noted diagnosis is rotator cuff sprain/strain (840.4). The mechanism of injury is reported as camera and light fixture equipment falling on the injured worker. The request for TENS unit was not certified in the preauthorization process. It is noted the past surgical history is significant for a cervical fusion, a lumbar surgery and a rotator cuff tear. Previous progress notes indicate the prior cervical spine surgery, the internal arrangement of the right shoulder with a possible tear of the rotator cuff, the low back surgery and other pathologies. Clearance to return to work in May, 2013 is noted. However, a subsequent evaluation noted a total disability status as of October 15, 2013. The shoulder surgery was completed in November, 2013. A partial resection of the glenoid labrum, debridement of the rotator cuff in a manipulation under anesthesia was completed. Postoperatively, medications were limited to Celebrex and Norco. The injured worker was noted to be at work with restrictions and was not pursuing postoperative physical therapy. The true plan included Celebrex, Tramadol, Zolpidem and hydrocodone. An electronic stimulation unit was deployed. Urine drug screening was obtained. A prior Utilization Review dated October 19, 2012 reflects not medically necessary of the requested TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT (SURGI-STIM): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: It is noted that there were multiple injuries and surgical interventions. It is also noted that postoperatively the employment of such a device had been completed. What is not presented is any objectified utility, efficacy or decrease in pain levels secondary to use of this device. Therefore, without any objective data to suggest that this is warranted, there is insufficient clinical information presented to support this request. Furthermore, as noted in the Medical Treatment Utilization Schedule, this is not recommended as an isolated intervention and the symptomology did not appear to be improved with such interventions. Given that the injured worker has returned to work and can function with the medication protocol outlined, the criterion noted in Medical Treatment Utilization Schedule are not met. This request is not medically necessary.