

Case Number:	CM13-0021557		
Date Assigned:	11/13/2013	Date of Injury:	02/01/2012
Decision Date:	01/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 43-year-old male who sustained an occupational injury on 02/01/2012. The patient was diagnosed with a grade III acromioclavicular joint separation, and due to continued complaints was taken to the operating room on 12/13/2012 where he underwent right shoulder coracoclavicular ligament reconstruction utilizing allograft and an open distal clavicle resection, as well as arthroscopy. The patient's postoperative care was prolonged due to arthrofibrosis, which required additional physical therapy and a Dynasplint. On 07/30/2013, the patient was seen for evaluation and reported some continued right shoulder discomfort, although he indicated it is significantly improved. Objective documentation on that date revealed manual muscle testing was 5/5 and symmetrical throughout the upper extremities; range of motion was normal throughout with the exception of the right shoulder internal rotation measuring 70 degrees, with normal being 90 degrees. The patient has since been returned to work on a full duty status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The California MTUS indicates criteria for the use of a TENS unit includes (1) chronic intractable pain. (2) Documentation of pain of at least 3 months duration. (3) Evidence that other appropriate pain modalities have been tried and failed. (4) A 1-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. (5) Other ongoing pain treatment should also be documented during the trial period. (6) A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. According to the documentation presented for review, the physician submitted a request for authorization of medical treatment on 08/21/2013 requesting a home electrical stimulation unit. While there is evidence that the patient sustained an injury to the right shoulder which required surgical intervention, physical examination done on 07/30/2013 revealed patient complaints of some continued right shoulder discomfort, although he indicated it was significantly improved. Objective documentation revealed no evidence of atrophy of the rotator cuff muscles; no tenderness to palpation at the acromioclavicular joint with a negative crossover noted. Apprehension test for instability was negative. There was no tenderness to palpation along the longhead of the biceps tendon. There was no pain at the proximal biceps tendon with SLAP testing. Neer's impingement sign was negative. Manual muscle testing was 5/5 with 2+ radial pulses and normal sensation. While the documentation provided for review may indicate the patient reported previous pain relief with the use of a TENS unit, guideline criteria strictly indicates the patient must have chronic intractable pain of at least 3 months duration. However, the documentation from 07/30/2013 fails to indicate the patient has chronic intractable pain. Furthermore, the physical evaluation from that date revealed an essentially normal exam with indication that the patient has returned to work full duty and without restrictions. Based on the above, guideline criteria for the use of an in home TENS unit is not met; therefore, this request is non-certified.