

Case Number:	CM13-0023045		
Date Assigned:	04/18/2014	Date of Injury:	08/21/2011
Decision Date:	05/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Preventive Medicine 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:

According to the records made available for review, this is a 54-year-old male with a 8/21/11 date of injury and status post left shoulder arthroscopy with repair of recurrent rotator cuff tear on 4/25/13. At the time (8/5/13) of request for authorization for monthly TENS unit supplies: electrodes 8, batteries 6, lead wires 2 per month for left shoulder, there is documentation of subjective (minimal left shoulder pain and increased strength and motion, improving with therapy) and objective (decreased left shoulder range of motion) findings, current diagnoses (left shoulder recurrent rotator cuff tear status post arthroscopy), and treatment to date (left shoulder arthroscopy with repair of recurrent rotator cuff tear on 4/25/13 and post-operative physical therapy). In addition, 3/3/14 medical report identifies the patient is working full-time without restrictions. There is no documentation of acute post-operative pain in the first 30 days post surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY TENS UNIT SUPPLIES: ELECTRODES 8, BATTERIES 6, LEADWIRES 2 PER MONTH FOR LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Post Operative Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 116-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies TENS unit as an option for acute post-operative pain in the first 30 days post surgery, most effective for mild to moderate thoracotomy pain, and of lesser effect, or not at all, for other surgical procedure. Within the medical information available for review, there is documentation of a diagnosis of left shoulder recurrent rotator cuff tear status post arthroscopy with rotator cuff repair. However, given documentation of status post arthroscopy on 4/25/13 and the request for TENS supplies on 8/5/13; there is no documentation of acute post-operative pain in the first 30 days post surgery. In addition, given documentation of the 3/3/14 medical report identifying the patient is working full-time without restrictions, there is no documentation of a rationale identifying the medical necessity of the requested monthly TENS unit supplies: electrodes 8, batteries 6, leadwires 2 per month for left shoulder. Therefore, based on guidelines and a review of the evidence, the request for monthly TENS unit supplies: electrodes 8, batteries 6, leadwires 2 per month for left shoulder is not medically necessary. [REDACTED]