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| Case Number: | CM13-0023485 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 10/19/2012 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 08/28/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 licensed in Chiropractic, has a subspecialty in Acupuncture 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 patient is a 53 year old female with a date of injury of 10/19/2012. The patient had right shoulder arthroscopy with rotator cuff repair 4/20/2013. According to the progress report dated 7/29/2013, the patient complained of right shoulder pain. The pain was rated at 6/10. The patient noted that physical therapy was helping. Physical exam revealed loss of strength in internal and external rotation. X-rays of the shoulder taken during the office visit revealed impingement syndrome and further physical therapy was recommended. The patient was diagnosed with sprains and strains of shoulder and upper arm, disorders of bursae and tendons in shoulder region, unspecified, and pain in joint, shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend TENS 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. The criteria for the use of TENS are the following: chronic intractable pain, documentation of pain at least three months in duration, evidence of appropriate pain modalities have been tried and failed, one 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, ongoing pain treatment should also be documented during the trial period including medication usage, treatment plan should be specific short and long term goals of treatment with TENS unit should be submitted. There was no evidence of documentation of TENS unit in terms of usage, outcomes of pain relief as well as ongoing pain treatment. Therefore it did not meet the guidelines criteria stated above for the usage of TENS unit. The provider's request for TENS unit is not medically necessary at this time.