MAXIMUS Federal Services

Case Number:	CM13-0028152		
Date Assigned:	08/08/2014	Date of Injury:	02/22/2013
Decision Date:	10/15/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

Patient is a 50-year-old female with a 02/22/13 date of injury. Progress report dated 06/13/14 states:Subjective: Left shoulder pain continues off and on, worse slightly and is about 8/10. Range of motion is decreased.On exam, motor, sensory and reflex findings are normal. There is tenderness in the left shoulder supraspinatus region. Range of motion is normal. Phalen's, Finkelstein's and Tinel's are negative.MRI of the left shoulder, 05/20/13, showed tendinosis and no tears.Patient was declared permanent and stationary on 11/08/13 and on regular. The patient had one cortisone injection on 10/11/13.Diagnosis: Left shoulder tendinosis and impingement.Treatment plan states the following: Continue with heat and exercise program; Motrin as discussed, discontinue if any side effects; Regular duties to continue; Review to be done in two months. If she continues to have pain, may consider a repeat cortisone injection.Request: TRANSCUTENEOUS ELECTRICAL NERVE STIMULATION UNIT 3-6 MONTHS. LEFT SHOULDER.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: 3/13/13 FOR TRANSCUTENEOUS ELECTRICAL NERVE STIMULATION UNIT 3-6 MONTHS. LEFT SHOULDER: 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 criteria for the use of TENS Page(s): 116.

Decision rationale: The guideline requirements for TENS unit have not been met, namely a one-month trial period of the TENS unit has not been documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The request for 3-6 months of TENS is not recommended in this case. Therefore the request is not medically necessary.