

Case Number:	CM13-0031189		
Date Assigned:	12/13/2013	Date of Injury:	01/23/2010
Decision Date:	03/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 59 year-old male with a date of injury of 01/23/10. The mechanism of injury was described as an industrial injury. He was diagnosed with a right shoulder impingement syndrome and has undergone right rotator cuff repair/subacromial decompression. The most recent progress note included by [REDACTED], dated 10/16/13, identified subjective complaints of right shoulder pain especially after days of work. The diagnostic studies included right shoulder MRI and arthrogram with the impression of "no evidence to indicate of a full thickness re-tear. There is no substantial muscle atrophy. Mild supraspinatus and infraspinatus tendinosis" are present. The diagnoses indicate that the patient has a "flare up of right shoulder impingement syndrome". The treatment has included mild oral analgesics. The patient refused a corticosteroid injection. The treatment now recommended is a TENS unit. A utilization review determination was rendered on 09/17/13 recommending non-certification of "1 TENS unit for right shoulder".

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the right 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 Section Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not indicated as a primary treatment modality. However, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, CRPS I and II, phantom limb pain, spasticity and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met; documentation of pain for at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function, other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. Also, multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Therefore, there is no medical necessity for a TENS unit at this time.