

Case Number:	CM13-0031221		
Date Assigned:	12/04/2013	Date of Injury:	11/01/2012
Decision Date:	02/19/2014	UR Denial Date:	08/30/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 11/01/2012, when she was hit by an object between the neck and shoulder, which caused immediate pain. The patient has been treated conservatively with medications and physical therapy. The patient underwent an MRI that revealed a full thickness tear of the distal supraspinatus tendon and tendinopathy of the subscapularis and infraspinatus tendons, and degeneration of the posterior labrum without evidence of a displaced tear. The patient's most recent clinical examination findings included a positive left-sided supraspinatus test with a positive impingement sign and a negative cervical spine compression test. It was noted that the patient received pain relief from the use of a TENS unit and heat applications during physical therapy. The patient's diagnoses included brachial neuritis/radiculitis, rotator cuff syndrome, cervical disc displacement without myelopathy, thoracic lumbar disc displacement without myelopathy. The patient's treatment plan included continuation of a home exercise program, a TENS unit, and over-the-counter medications as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS unit with moist heat pack for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214,Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: The requested TENS unit with moist heat pack for purchase is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient received treatment from a TENS unit during physical therapy that provided pain relief. California Medical Treatment Utilization Schedule recommends the purchase of a TENS unit be based on a 30 day home-based trial that provides objective functional improvement. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a 30 day home-based trial. Additionally, it is noted within the documentation that heat application did provide pain relief to the patient during physical therapy. However, American College of Occupational and Environmental Medicine recommends home applications of heat or cold packs for shoulder pain. Although a moist heat pack may be indicated for this patient, the request as it is written includes a TENS unit, which is not supported by guideline recommendations. Therefore, the requested TENS unit with moist heat pack for purchase cannot be considered medically necessary or appropriate.