

Case Number:	CM13-0036284		
Date Assigned:	12/13/2013	Date of Injury:	05/07/2009
Decision Date:	02/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 44-year-old female who reported an injury on May 07, 2009. The patient is diagnosed with adhesive capsulitis of the shoulder and subacromial bursitis in the shoulder. The patient was recently evaluated on September 09, 2013. The patient reported 5/10 pain in the right shoulder. It is noted that the patient has utilized a transcutaneous electrical nerve stimulation (TENS) unit with improvement in symptoms. Physical examination revealed decreased range of motion on the right, 1+ bilateral upper and absent bilateral lower reflexes, 2+ right side Spurling's maneuver, increased radicular symptoms with ulnar nerve compression, and 2+ tenderness at the acromioclavicular (AC) joint on palpation. Treatment recommendations included a 30 day trial of a TENS unit to assist in pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home 4 Leads TENS unit for the right shoulder (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Section Page(s): 17-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one (1) 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. As per the clinical notes submitted, there is no evidence that other appropriate pain modalities have been tried, including medication and failed. It is noted that the patient previously utilized a TENS unit within the physical therapy treatment, which provided an extended 5 to 7 day relief. However, documentation of how often the unit was used as well as outcomes in terms of pain relief and function was not provided. There was no documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. The patient's physical examination continues to reveal decreased range of motion, positive Spurling's maneuver, tenderness to palpation, and increased radicular symptoms. There is no significant change in the patient's physical examination from a previous date of June 21, 2013 that would indicate functional improvement following the TENS therapy. Based on the clinical information received, the request is non-certified.