

Case Number:	CM13-0036762		
Date Assigned:	06/09/2014	Date of Injury:	05/09/2011
Decision Date:	07/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

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 Neurology, 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 injured worker is a 46 year old right-hand dominant female who reports sustaining an injury to her right shoulder in a fall on 5/9/11. An open reduction and internal fixation of the right proximal humerus fracture and a tendon repair of the biceps tendon was performed on 6/1/11. Surgeon's notes reference imaging studies revealing delayed healing and callous formation, with complete healing of the head fracture accomplished nine months post-op. Records indicate that the patient continued to suffer limited range of mobility and strength after completing the recommended course of physical therapy; further surgery to the right shoulder (bursectomy and modified Mumford procedure) was approved and completed 11/7/13. Postoperative treatment plan included a comprehensive course of conservative care with physical therapy, NSAIDs, and use of a Dynasplint with the goal that the patient's care should become mostly self-managed. The treating surgeon's treatment plan included a request for a TENS unit in a one-month trial (9/27/13) for chronic pain management, as the patient reportedly found it helpful when used in her previous post-op physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH TRIAL OF TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The treatment plan submitted lacks evidence indicating that the patient had failed other pain therapy modalities, including medications. There are no clinical records documenting the patient's intractable, chronic pain lasting greater than three months prior to the request for use of TENS. Finally, the use of a TENS unit as requested does not meet the criteria for which TENS is a recommended therapy, e.g., treatment for neuropathic pain, CPRS I & II, spasticity in spinal cord injury, phantom-limb pain, and MS. (Note: Under a discussion of current treatment coverage, the Chronic Pain Medical Treatment Guidelines do indicate that TENS therapy may be used as a treatment option for relief of acute post-operative pain within the first 30-days, but the necessity for this particular treatment application was not articulated in the treatment plan.) The request as submitted for a TENS unit for treatment for unspecified chronic pain management does not meet the MTUS criteria and is therefore not medically necessary. As such, the request is not medically necessary.