

Case Number:	CM13-0041235		
Date Assigned:	12/20/2013	Date of Injury:	01/06/2012
Decision Date:	02/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 48-year-old female who reported an injury on 01/06/2012. The patient has had ongoing complaints of pain in the left shoulder with description of constant sharp with reaching, gripping, and grasping, pushing, and pulling. On 07/25/2013, the patient underwent a right shoulder arthrogram which noted the patient was status post rotator cuff repair with extension of the contrast into the body and undersurface aspect of the supraspinatus tendon at the level of the repair. The patient also underwent electrodiagnostic studies on the same date which noted no evidence of entrapment neuropathy at any level in the bilateral upper extremities according to the NCS and the EMG was also normal with no evidence of active cervical radiculopathy noted in the bilateral upper extremities. As of 09/11/2013, the patient was diagnosed with status post right shoulder arthroscopic surgery performed on 12/12/2012, right shoulder type 1 scapular dyskinesis, right shoulder impingement syndrome, right shoulder residual adhesive capsulitis, and right shoulder sprain/strain, chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit & Supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The MTUS Chronic Pain Guidelines state that electrotherapy using a transcutaneous electric therapy unit is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. However, it is not recommended as a primary treatment modality, but a 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. In the case of this patient, although the patient has had ongoing chronic pain with her left shoulder, the documentation does not indicate the patient will be utilizing this TENS unit on a 1 month home based trial period. Furthermore, there is nothing indicating she will be using it in adjunct to an evidence based functional restoration program. Therefore, the requested service is not medically necessary and appropriate.