

Case Number:	CM13-0041348		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2012
Decision Date:	12/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 61 year old with an injury date on 8/23/12. Patient complains of left shoulder pain rated 8/10 that is "not getting better or getting worse" per 8/20/13 report. Patient states that sleeping on his left side or lifting aggravates the pain, and that rest/occasional Motrin can alleviate pain per 8/20/13 report. Based on the 8/20/13 progress report provided by [REDACTED] the diagnosis is left shoulder pain, impingement. Exam on 8/20/13 showed "left shoulder range of motion is normal. Mild tenderness to palpation in acromioclavicular joint, mild impingement finding. Normal sensory exam." Patient's treatment history includes prior knee surgery (unspecified), right big toe surgery, and MRI of left shoulder. [REDACTED] is requesting TENS unit 30 day trial. The utilization review determination being challenged is dated 9/16/13. [REDACTED] is the requesting provider, and he provided a single treatment report from 8/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with left shoulder pain. The treating physician has asked for TENS UNIT 30 day trial on 8/20/13. Review of the reports do not show any evidence of a prior TENS unit trial. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does not have a diagnosis of Neuropathic pain, Phantom limb pain, CRPS, Spasticity or Multiple sclerosis. The requested TENS unit trial is not indicated for this type of condition. Therefore, the request is not medically necessary.