

Case Number:	CM13-0043086		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2008
Decision Date:	08/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family 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 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 42 year old male who was injured on 04/17/2008. He sustained an injury when he was loading plywood onto a truck. The patient has been treated conservatively in the past with a Transcutaneous Electrical Nerve Stimulation (TENS) unit and found it to be helpful. According to the Utilization Review (UR) dated 10/22/2013, the patient had bilateral shoulder pain, left worse than right. He had limited range of motion bilaterally without point tenderness. He has a diagnosis of residual bilateral shoulder subacromial bursitis with residual right shoulder impingement and left shoulder SLAP lesion. He was found to have a thinned postoperative rotator cuff tear with partial undersurface tear and SLAP lesion with postoperative changes on MRI dated 04/24/2013. An MRI of the left shoulder dated 06/12/2013 revealed mild rotator cuff tendinosis and acromioclavicular joint degenerative joint disease. The patient was recommended to use a TENS unit. Prior utilization review dated 10/22/2013 states the request for thirty (30) days rental of a tens unit, is not authorized as it is not clinical indicated and the patient's diagnosis does not meet guideline recommended conditions for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) DAYS RENTAL OF A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Chronic Pain(Transcutaneous electrical nerve stimulation Page(s): 114-117.

Decision rationale: According to the CA MTUS guidelines, TENS unit is not recommended as a primary treatment modality, but a one-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, for the following conditions: neuropathic pain, phantom limb pain and CRPS II, multiple sclerosis, and spasticity. The medical records do not establish that the patient is participating in a functional restoration program as treatment of any of these above listed conditions. The medical records do not establish that the patient is a viable candidate for a TENS unit rental, as there is no evidence in the medical records that he has any of these conditions. Furthermore, although the medical records report that use of a TENS had been helpful in the past, there is no objective evidence of significant reduction in pain with notable decrease or cessation of medication use and improved function were obtained as result of the TENS use. The medical necessity of the request for 30 day TENS unit rental is not established in accordance with the guidelines.