

Case Number:	CM13-0047263		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2012
Decision Date:	02/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Texas. 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 61-year-old female who reported an injury on 02/04/2012. The mechanism of injury was a traumatic pull of the left arm. The patient immediately began to experience pain to the left shoulder and neck. Her initial treatment included physical therapy, MRI, and chiropractic treatment. The injury to her left shoulder resulted in a subacromial decompression on 05/07/2013. She received postoperative physical therapy, but was slow to heal, complaining of persistent weakness, stiffness, and pain. The most recent clinical note submitted for review dated 12/04/2013 revealed the patient's pain level was 6/10 to 7/10 without medications and 1/10 to 3/10 with medications. The patient reported feeling better and was noted to have left shoulder flexion within normal limits, abduction within normal limits, extension to 30 degrees, internal rotation to 70 degrees, and external rotation to 90 degrees. Her muscle strength for the bilateral upper extremities was reported as 5/5 and her diagnoses included left shoulder impingement syndrome and chronic left shoulder pain. In the clinical note dated 09/03/2013, it is noted the patient was receiving TENS therapy during her physical therapy sessions; however, there was no documentation of the presence of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for TENS (Transcutaneous Electrical Nerve Stimulation): 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: Chronic Pain Medical Treatment /ACOEM Guidelines recommend the use of transcutaneous electrotherapy for the treatment of pain. TENS in particular, is not recommended as a primary modality, but a 1 month home-based trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The conditions that warrant the use of TENS include neuropathic pain, phantom limb pain, CRPS-II, spasticity, and multiple sclerosis. Criteria for the use of TENS includes documentation of pain of at least 3 months duration and evidence that other appropriate pain modalities have been tried and failed. The clinical records submitted for review did not provide evidence that a 30 days home-based trial had been completed and found effective, nor were there any diagnoses of the conditions approved for the use of TENS. As far as failed conservative care, the most recent clinical note dated 12/04/2013 revealed that the patient's pain level is significantly decreased with the use of medications. There is also documentation providing evidence the patient received symptom relief from physical therapy. It is appropriate to expect that the patient continues with a home exercise treatment program and continued use of medications, as they are effective in controlling her pain. As such, the electrotherapy is not indicated at this time and the request for TENS unit for left shoulder is non-certified.