

Case Number:	CM13-0049245		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2013
Decision Date:	03/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 & Rehabilitation 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 30-year-old male who sustained an injury on 02/13/2013. The injury was reportedly sustained through repetitive and continuous trauma while driving vehicles that did not have power steering, and the patient subsequently developed shoulder pain. On 05/31/2013, the patient underwent a left shoulder arthroscopy with labral debridement, decompression and distal clavicle resection. On the physical examination, it was noted that the patient had mild impingement sign and was further diagnosed with left shoulder impingement and a labral tear status post arthroscopy, labral debridement and distal clavicle resection with decompression. The patient was recommended for continued therapy, whereupon the patient was noted to have attended physical therapy from 06/04/2013 through 09/06/2013. By 09/06/2013, the patient had been seen for physical therapy 24 times and stated that he still experienced some tightness and weakness with certain movements. The patient had been compliant with home exercise programs and physical examination still revealed end range tightness in flexion and external rotation but limited extension in horizontal extension with minimal pain at the anterior aspect of the supraspinatus muscle tendon junction. Resisted test to abduction and external rotation were significantly weaker than all other motions, and right grip was 75 pounds. By 10/04/2013, the patient had completed 6 work conditioning sessions as of that week. Although his left shoulder continued to improve with range of motion, the patient still had TTP over the distal AC joint remnant; however, the motor and sensory were intact. By 11/11/2013, the patient had completed 15 sessions of work conditioning. On this date, the physician mentioned the requested use of a TENS unit to address the patient's recent flare up of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one month trial of a TENS unit for the left shoulder: 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: According to the California MTUS Guidelines, transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. It further states that TENS units are 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, the documentation does not provide a thorough treatment plan to include specific short and long-term goals of treatment with a TENS unit. Therefore, the requested service does not meet the guideline criteria for the use of a TENS unit. As such, the requested service is non-certified.