

Case Number:	CM13-0060125		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2012
Decision Date:	06/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 31-year-old male who reported an injury on 02/22/2012. The mechanism of injury was reported as a lifting injury to his right shoulder. Within the clinical note dated 01/06/2014. The injured worker complained of pain to his shoulder rated 6/10. The injured worker reported starting physical therapy. Upon the physical examination, the provider noted the injured worker to have loss of strength in internal rotation and external rotation of the right shoulder. The provider noted x-rays were taken of the right shoulder and right humerus which showed no increase of osteoarthritis. The provider recommended for the injured worker to complete the physical therapy program and utilize pain medications for discomfort. The provider requested an SS4 electrical stim unit for purchase. However, a rationale was not provided for review within the documentation. The request for authorization was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SS4 ELECTRICAL STIM UNIT (FOR PURCHASE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: The request for SS4 electrical stim unit for purchase is not medically necessary and appropriate. The injured worker reported shoulder pain. The injured worker noted starting physical therapy. The injured worker rated his pain at 6/10. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a 1 month home-based transcutaneous electrical nerve stimulation (TENS) trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines also note while TENS may reflect the longstanding accepted standard of care with medical communities, the result of studies are inconclusive. The guidelines note transcutaneous electrical nerve stimulation is recommended for neuropathic pain, phantom limb pain, and complex regional Pain Syndrome. The guidelines recommend documentation of pain for at least 3 months duration and documentation of evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines note a 1 month trial period of TENS unit should be documented as an adjunct to ongoing treatment modalities in a functional restoration approach with documentation of how often the unit was used, as well as the outcomes in terms of pain relief and function. Rental would be preferred over purchase during the trial. The guidelines also note other ongoing treatments should be documented during the trial including medication usage. The guidelines note a treatment plan including a specific short-term and long-term goal of treatment while the TENS unit is submitted. There was lack of documentation indicating the injured worker to have undergone an adequate TENS trial. The provider did not provide an adequate assessment indicating whether the injured worker had any significant functional deficits. Therefore, the request for an SS4 electrical stim unit is not medically necessary and appropriate.