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| Case Number: | CM13-0061919 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/12/2012 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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, 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 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:

This patient is a 51-year-old female with a date of injury of 04/12/2012. The listed diagnoses per [REDACTED] are: 1) RC syndrome right shoulder; and 2) RC tear right shoulder. According to report dated 11/01/2013, the patient continues with right shoulder pain. The pain is a 6/10 which is better than the last appointment. It is noted that the patient has 1 physical therapy session left. Patient currently takes Norco. The examination revealed shoulder TTP diffusion. Range of motion is forward flexion 90, abduction 90. "Strength not assessed." The patient currently uses a TENS unit in therapy with benefit and reduction in pain and pain medications. The treating physician is requesting 1-month TENS unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION ROTATOR CUFF SYNDROME, DME: TENS UNIT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114.,.

Decision rationale: This employee presents with continued right shoulder pain. The treating physician is requesting a 1-month TENS unit to relieve pain. According to the MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity and phantom limb pain, and multiple scoliosis. In this case, recommendation is for denial as this employee does not present with any of the diagnoses that MTUS allows for the trial of a TENS unit. Recommendation is for denial.