MAXIMUS Federal Services

Case Number:	CM13-0066163		
Date Assigned:	01/03/2014	Date of Injury:	02/12/2013
Decision Date:	06/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 29-year-old male who reported injury on 02/12/2013. The mechanism of injury was the injured worker was passing down a 10-foot steel plank; when he lifted his left arm to reach the plank, his shoulder struck and popped. The prior treatments included a left shoulder arthroscopy with a capsular shift and debridement of labral tear on 08/28/2013, physical therapy, and medications. Diagnosis included status post left capsular shift. The documentation of 11/22/2013 revealed the injured worker was improving as expected. It was indicated the injured worker had 2 visits of physical therapy. The physical examination of the left shoulder revealed flexion of 150 degrees, abduction 150 degrees, external rotation of 40 degrees, and internal rotation of 40 degrees. There was tenderness to the posterior shoulder. The treatment plan included to continue physical therapy, a TENS unit, and Naprosyn 500 mg #60 1 by mouth twice a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a 1-month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed and failed. The clinical documentation submitted for review failed to meet the above criteria .There was a lack of documentation of a trial of a TENS unit and the injured worker's objective functional response, as well as objective decrease in pain for 1 month prior to the request for the purchase of a transcutaneous electrical nerve stimulator. Given the above, the request for purchase of 1 transcutaneous electrical nerve stimulator (TENS unit) is not medically necessary.