

Case Number:	CM14-0002982		
Date Assigned:	01/29/2014	Date of Injury:	04/22/2008
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 63-year-old who reported an injury on April 22, 2008, due to an unknown mechanism. The clinical notes dated October 23, 2013 presented the injured worker with bilateral shoulder and neck pain. The physical examination of the injured worker presented tenderness to palpation on the paraspinal muscles, spasm, decreased range of motion, tenderness to palpation on the anterior shoulder, restricted range of motion on the right shoulder, and a positive impingement sign. The injured worker was diagnosed with right shoulder internal derangement and impingement syndrome. The provider recommended a TENS unit for the right shoulder. The Request for Authorization form was dated October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION), 146

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for the use of TENS Page(s): 116-117.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. 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. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimal pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The injured worker's previous courses of conservative care were unclear. It was unclear as to how the TENS unit would provide the injured worker with functional restoration. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase the TENS unit. The request for a TENS unit for the right shoulder is not medically necessary or appropriate.