

Case Number:	CM14-0005265		
Date Assigned:	01/24/2014	Date of Injury:	04/26/2012
Decision Date:	10/15/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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 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 female with date of injury 4/26/2012. Per primary treating physician's progress report dated 12/17/2013, the injured worker is doing markedly better in the right shoulder after the injection. She feels about 70% better overall, but she still has limitation of motion of the shoulder. The examination of the cervical spine is normal. The right shoulder has well healed scars, resisted abduction strength is 4/5 and resisted external rotation strength is 4/5. The right shoulder range of motion is limited to abduction to 90 degrees and forward flexion to 120 degrees. The injured worker's diagnoses include frozen shoulder, right shoulder recurrent impingement syndrome, right shoulder rule out internal derangement, status post arthroscopy, rule out cervical pathology, herniated disc of the cervical spine, rule out cervical radiculitis, neuropathic pain of the right upper extremity and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 11/19/13) FOR A TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and complex regional pain syndrome (CRPS) II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating Multiple Sclerosis patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The clinical notes provided for review do not establish medical necessity for this request within the recommendations of the MTUS Guidelines. The request for retrospective request (DOS: 11/19/13) for a TENS unit is determined to not be medically necessary.