

Case Number:	CM14-0009494		
Date Assigned:	02/14/2014	Date of Injury:	11/14/2011
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 & Rehabilitation, 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:

According to the records made available for review, this is a 41-year-old female with an 11/14/11 date of injury and left arthroscopic subacromial decompression on 6/10/13. At the time (12/17/13) of the request for authorization for transcutaneous electrical nerve stimulation (TENS) unit for sixty day trial to the left shoulder and cervical, there is documentation of subjective (left shoulder pain, cervical pain with left upper extremity symptoms, and left lateral elbow/proximal forearm pain) and objective (tenderness left shoulder, left shoulder abduction 90 degrees, forward flexion 100 degrees, hyperesthesia form shoulder to 5 cm proximal to elbow, diffuse motor deficit left upper extremity 4/5, and spasm of the cervical trapezius/cervical paraspinal musculature less pronounced) findings. The current diagnoses includes status post left arthroscopic subacromial decompression and disproportionate neurologic findings status post surgery. The treatment to date includes medications and physical therapy. There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR SIXTY DAY TRIAL TO THE LEFT SHOULDER AND CERVICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS), Page(s): 113-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the transcutaneous electrical nerve stimulation (TENS) unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of status post left arthroscopic subacromial decompression and disproportionate neurologic findings status post surgery. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. In addition, the requested transcutaneous electrical nerve stimulation (TENS) unit for sixty day trial to the left shoulder and cervical exceeds guideline recommendations (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for transcutaneous electrical nerve stimulation (TENS) unit for sixty day trial to the left shoulder and cervical is not medically necessary.