

Case Number:	CM14-0102879		
Date Assigned:	07/30/2014	Date of Injury:	10/12/2012
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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, has a subspecialty in Pain Management, 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:

This is a male patient with a date of injury of October 12, 2012. A utilization review determination dated June 3, 2014 recommends non-certification of a six week rental of a transcutaneous electrical nerve stimulation (TENS) unit with modification to a 30 day rental. A progress note dated May 16, 2014 identifies subjective complaints of constant right shoulder pain, with stiffness, tightness, and occasional popping. The patient rates his pain as a 7 on a scale of 1 - 10. The patient has increased pain with reaching above shoulder level, pushing, pulling, lifting, and carrying any weight. The patient's shoulder pain awakens him from sleep on a nightly basis. Physical examination of the right shoulder reveals range of motion deficits with flexion at 140, extension at 30, abduction at 130, adduction 30, internal rotation at 60, and external rotation at 80. The right shoulder has tenderness of the greater tuberosity, subacromial grinding and clicking, tenderness of rotator cuff muscles, atrophy of rotator cuff muscles, tenderness of supraspinatus and infraspinatus, and positive impingement test. Muscle strength test of the right upper extremity is 2+/5, and reflexes are 1+ of biceps, triceps, and supinator. Diagnoses include right shoulder strain/sprain with tendinitis, impingement, and partial cuff tear, and diabetes mellitus. The treatment plan recommends an ultrasound guided corticosteroid injection to the right shoulder, and MRI arthrogram of the right shoulder, a TENS unit for home use to be used for 30 minutes three times a day for 60 days, physical therapy 2 - 3 times a week for six weeks for strength training, increase range of motion, and decreasing pain, prescription for Anaprox 550 mg b.i.d., prescription for Prilosec 20 mg b.i.d., prescription for Norco 10/325 every 4 to 6 hours as needed for pain, and prescription for Ultram 150 mg one tablet daily, and prescription for Fexmid 7.5 mg three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Weeks Rental of Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for a 6 week rental of a transcutaneous electrical nerve stimulation (TENS) unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. The request for a 6 week TENS unit rental exceeds the one-month trial recommended by the guidelines, and there is no provision to modify the current request. As such, the currently requested 6 week rental of a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.