

Case Number:	CM14-0104330		
Date Assigned:	07/30/2014	Date of Injury:	10/18/2013
Decision Date:	09/11/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 of 10/18/2013. Per orthopedic follow-up dated 6/2/2014, the injured worker was diagnosed as having right shoulder adhesive capsulitis with acromioclavicular joint sprain. She has noticed improvement in her symptoms. She has tried conservative care and was using a TENS unit with benefit. She noticed stiffness and is not considering injection or manipulation. On examination she is alert, oriented and appears her stated age. Examination of the shoulder fails to reveal evidence of gross deformity. There is forward elevation to 160 and abduction of 130 degrees noted. There is mild apprehension to Jobe's. She has full range of motion of the elbow, wrist, and hand. Her diagnosis is acromioclavicular joint sprain and mild adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS Unit: Upheld

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

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 treatment in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality in this case, which is not supported by the guidelines. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. The criteria include evidence that other appropriate pain modalities (including medication) have been tried and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The requesting provider does report that the injured worker has had some benefit with the use of TENS, but the circumstances of when TENS was utilized and the proposed treatment plan are not clarified. The request for the purchase of a TENS unit is determined to not be medically necessary.