MAXIMUS Federal Services

Case Number:	CM14-0106742		
Date Assigned:	07/30/2014	Date of Injury:	02/29/2012
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 42-year-old female who has submitted a claim for polyarthritis associated with an industrial injury date of February 29, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of shoulder pain and decreased activity secondary to obesity. On physical examination, there was tenderness over the acromioclavicular joint with restricted ROM described as flexion of 65 degrees, abduction of 55 degrees, internal rotation of 50 degrees and external rotation of 54 degrees. The patient also had positive Hawkin's, Neer's test, belly press test, empty can test, and O'Brien test. Treatment to date has included acupuncture, physical therapy and Toradol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit for the right shoulder: 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 Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient had chronic pain of at least three months duration. There was evidence that other appropriate pain modalities, such as acupuncture, physical therapy and medications have been tried. However, the medical records fail to show that these modalities had failed. In fact, a progress note dated May 7, 2014 mentioned that acupuncture provided the greatest benefit. The treatment goals, both short-term and long-term, with respect to the TENS, were not identified. Furthermore, it is unclear why the TENS unit have to be purchased instead of rented. The patient will still need a one-month trial; this can be done even with just a unit rental. The criteria for TENS was not satisfied and the purchase was not justified. Therefore, the request for Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit for the right shoulder is not medically necessary.