

Case Number:	CM14-0011900		
Date Assigned:	02/21/2014	Date of Injury:	11/15/2010
Decision Date:	08/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 and 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:

The patient is a 63-year-old male who has submitted a claim for right shoulder partial-thickness rotator cuff tear with chronic impingement syndrome, labral tear of the right shoulder, status right knee arthroplasty associated with an industrial injury date of 11/15/2010. The medical records from 01/28/2013 to 01/22/2014 were reviewed and showed that patient complained of right shoulder pain graded 8/10 with no associated radiation and right knee pain graded 6/10 with no associated radiation or numbness. The physical examination revealed tenderness over the right shoulder. The shoulder range of motion (ROM) was limited with pain. Impingement sign was positive on the right shoulder. The physical examination of the right knee revealed a gait favoring left lower extremity and spasm of the right calf and quadriceps. Hyperalgesia and hyperesthesia of the right knee was noted. The MRI of the right shoulder dated 08/27/2013 revealed tear of the distal supraspinatus tendon, degenerative changes of the superior labrum, and focal bicipital tendinosis. An X-ray of the right knee dated 08/27/2013 revealed demonstration of right total knee arthroplasty, soft tissue swelling, and small residual effusion. The treatment to date has included total knee arthroplasty, right knee (11/02/2012), physical therapy, home exercise program, right shoulder subacromial injection (date not provided), and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective sixty day trial of transcutaneous electrical nerve stimulation (TENS) for an unspecified body part on 12/9/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-116.

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

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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. In this case, the patient has been documented to be actively participating in functional restoration program, a necessary adjunct to TENS therapy. A TENS unit trial can help hasten functional recovery of the patient. However, the request is for a sixty-day trial and guidelines clearly state that TENS trial period is limited to one-month. Documentation of pain relief and functional recovery is a prerequisite to continue TENS trial beyond 30 days. Furthermore, the request did not specify if the TENS unit is for rental or purchase. Therefore, the request for retrospective sixty day trial of transcutaneous electrical nerve stimulation (TENS) for an unspecified body part on 12/9/2013 is not medically necessary.