

Case Number:	CM14-0012407		
Date Assigned:	02/21/2014	Date of Injury:	09/19/2011
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Illinois. 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 40 year old female who reported an injury on 09/19/2011 due to a slip and fall. The injured worker had reported right shoulder pain. Physical examination on 01/07/2014 stated she had limited range of motion with pain in the right shoulder post right shoulder surgery. An MRI on 10/29/2012 revealed acromial joint separation and a supraspinatus tear. The injured workers diagnosis was Thoracic/Lumbosacral Neuritis/Radiculitis unspecified post right shoulder arthroscopy, subacromial decompression, and distal clavicle excision performed on 10/24/2013. It was noted in the physical therapy report on 12/13/2013 that the injured worker attended 4 physical therapy visits. Medications on 10/23/2013 included Omeprazole Delay Release Tab, Topamax, Benazapril-Hydrochlorothiazide, Glucosamine Sulfate, and Norco. The treatment plan included a One month home based trial of a Neurostimulator TENS-EMS. The request for authorization form was provided in the documentation for review and signed on 12/12/2013. The rationale was to facilitate functional restoration/ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME BASED TRIAL OF NEUROSTIMULATOR, TENS-EMS: 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 Chronic Pain Medical Treatment Guidelines, TENS, post operative pain (transcutaneous electrical.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain and has been shown to have little or no effect for other orthopedic surgical procedures. Per California MTUS guidelines, transcutaneous electrical nerve stimulation for post operative pain is recommended as a treatment option for acute post operative pain in the first 30 days following surgery. The injured worker underwent a right shoulder arthroscopy, subacromial decompression and distal clavicle excision on 10/24/2013. This date exceeds the timeline recommended. Therefore, the request is non-certified. The request for a One month home based trial of a Neurostimulator TENS-EMS is not medically necessary.