

Case Number:	CM14-0018063		
Date Assigned:	04/16/2014	Date of Injury:	08/17/2006
Decision Date:	06/02/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 and is licensed to practice in Texas 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 49 year old male who reported an injury on 08/17/2006. The injury occurred when a heavy box fell from a shelf striking the injured worker on the left shoulder. Per the clinical note dated 07/30/2013 the injured worker had a resection of the left distal clavical on 04/23/2008. The injured worker reported pain greater than 5 to the shoulder. The injured worker also had arthroscopic debridement and decompression to the right shoulder on 04/13/2012 with continued pain. The injured worker had decreased range of motion to both shoulders. Shoulder extension was 85 degrees to the right and 90 degrees to the left and abduction was 90 degrees bilaterally. The injured worker also had decreased range of motion to his cervical spine, with flexion at 35 degrees, right rotation at 45 degrees, and left rotation at 60 degrees. The diagnoses for the injured worker included degenerative disc disease C4-C6, and left and right shoulder pain. There was no request for authorization for the medical treatment within the medical documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of a TENS unit as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. The MTUS Chronic Pain Guidelines indicate 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. The MTUS Chronic Pain Guidelines note other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There is a lack of documentation regarding previous conservative treatments for this injured worker beyond medications and one trigger point injection. There is also a lack of documentation regarding the treatment plan for the application of the TENS unit or the duration of the treatment; as well as other ongoing pain treatment. There was a lack of documentation indicating the injured worker underwent a one month trial with a TENS unit with documented efficacy. Therefore the request for a TENS unit and supplies is not medically necessary and appropriate.