

Case Number:	CM14-0133878		
Date Assigned:	09/08/2014	Date of Injury:	10/25/1995
Decision Date:	12/19/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old female with an injury date of 10/25/95. The 07/14/14 progress report states that the patient presents post left shoulder surgery X 5. The most recent was diagnostic and operative arthroscopy 09/13/13. The patient has left shoulder pain and weakness with difficulty with repetitive motion. Only two examination reports are provided dated 05/19/14 and 07/14/14. Both only discuss range of motion of the left shoulder. The 07/19/14 examination reveals, 0 to 170 degrees of forward flexion and abduction, internal rotation to T12 and manual muscle testing is 4/5. The patient's diagnoses include: 1. Industrial injury to left shoulder 2. Status post 3 previous arthroscopic surgeries and one open procedure of the left shoulder in 19953. Left should revision diagnostic and operative arthroscopy, decompression, acromioplasty and debridement, which was the fifth revision surgery dated 09/13/13. The utilization review being challenged is dated 08/08/14. The rationale is that there is no evidence the requested unit is paired with other treatment. Reports were provided from 05/19/14 to 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and supplies x 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Home exercise

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with right shoulder pain and weakness post left shoulder surgery number 5 on 09/13/13. The treater request is for Tens Unit and Supplies for 30 day rental. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) (pages 114-116) states, "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, for the conditions described below." MTUS further indicates that use is for neuropathic pain. The 07/14/14 reports shows the patient recently completed a course of physical therapy that has "been obviously beneficial" to the patient and the treater is requesting for additional physical therapy as there continue to be deficits of strength and pain with repetitive activities. The treater is also requesting for a home exercise kit and states the TENS treatment during therapy was beneficial and that the patient is requesting a unit for home use. In this case, it does not appear the patient has trialed this unit at home and MTUS allows for a 30 day trial. However, MTUS states that this treatment is indicated for neuropathic pain, Phantom limb Pain, CRPS, Spasticity or Multiple sclerosis and the available reports do not show any of these conditions are present in this patient. Therefore, the request for TENS Unit is not medically necessary or appropriate.