

Case Number:	CM14-0152582		
Date Assigned:	09/22/2014	Date of Injury:	04/29/2012
Decision Date:	12/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine & 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 53 year old female with an injury date on 04/29/2012. Based on the 09/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right shoulder rotator cuff repair/subacromial decompression 2. Status post remote right shoulder surgery 3. Cervical pain with upper extremity symptoms. According to this report, the patient complains of right shoulder pain at 5/10 and cervical pain at 5/10 with right greater than left upper extremity symptom. The patient also complains of reactive depression and anxiety. Physical exam reveals spasm at the right deltoid musculature and cervical trapezius/cervical paraspinal musculature area. Right shoulder abduction 90 degrees and forward flexion 100 degrees. The 08/13/2014 report reveals tenderness at the cervical spine and decreased range of motion due to pain. Per treating physician, "TENS facilitates diminution in pain and improve range of motion." There were no other significant findings noted on this report. The utilization review denied the request 09/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/27/2014 to 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: According to the 09/05/2014 report by [REDACTED] this patient presents with right shoulder pain at 5/10 and cervical pain at 5/10 with right greater than left upper extremity symptom. The treater is requesting supplies for Tens Unit. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. Review of the reports show TENS unit helps the patient; "TENS facilitates diminution in pain and improve range of motion." Given that the TENS unit has been beneficial, the requested supplies for TENS units appears reasonable. However, the treater does not indicate how often the unit is used and whether or not there is functional improvement with TENS unit use. Furthermore, there is no description of what "supplies," mean and the amount. Therefore the request is not medically necessary.