

Case Number:	CM14-0153398		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2011
Decision Date:	12/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41-year-old female with an 11/1/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/22/14 noted subjective complaints of neck and left shoulder pain. Objective findings included left shoulder positive impingement test and tenderness over the AC joint. The patient underwent left shoulder arthroscopic surgery on 1/16/14. Diagnostic Impression: Left frozen shoulder s/p L shoulder arthroscopy. Treatment to Date: medication management, physical therapy, and shoulder surgery. A UR decision dated 8/26/14 denied the request for multi stim unit plus supplies x 5 months rental for the left shoulder. The request is for a 5 month rental of this device. There is no evidence that this device had been used in a 30 day trial to determine its efficacy. Also, this request was submitted on 7/29/14 and there was no clinical information regarding the claimant's status at the time of this request. The only document available for review was the 6/24/14 initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim unit plus supplies x5 month rental for the left shoulder has been medically denied by the physician advisor.: 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 TENS UNIT Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, the request is for a 5 month rental. There is no specific request for a trial or any documentation of an effective 1 month trial period. Additionally, there is no clear documentation of the failure of other conservative measures such as physical therapy. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Therefore, the request for Multi stim unit plus supplies x 5 month rental for the left shoulder has been medically denied by the physician advisor is not medically necessary.