

Case Number:	CM14-0157318		
Date Assigned:	09/30/2014	Date of Injury:	01/25/2010
Decision Date:	11/04/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/25/2014

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, 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 56 year old male with an injury date of 01/25/10. Based on the 08/20/14 progress report provided by [REDACTED], the patient complains of pain with numbness and tingling in the left shoulder and arm. Physical examination to the left upper extremity reveals 50% decreased range of motion. There is tenderness to palpation at the left shoulder and neck region. Patient has tried TENS and found it to be effective for pain control. Patient takes Motrin for anti-inflammatory effects. Diagnosis 08/20/14- left shoulder impingement syndrome- left carpal tunnel- left elbow pain [REDACTED] is requesting TENS Unit, with supplies x 1 year. The utilization review determination being challenged is dated 08/30/14. The rationale is "modified to 1 month trial." [REDACTED] is the requesting provider, and he provided treatment reports from 09/04/13 - 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit, with supplies x 1 year: 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: The patient presents with pain with numbness and tingling in the left shoulder and arm. The request is for TENS Unit, with supplies x 1 year. His diagnosis dated 08/20/14 includes left shoulder impingement syndrome, left carpal tunnel and left elbow pain. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p116) supports it for various conditions including neuropathic pain, CRPS, phantom pain, Multiple Sclerosis, but does not list musculoskeletal pain as one of the criteria. This patient presents with shoulder pain for which TENS units are not supported per MTUS. The patient does suffer from CTS which is neuropathic. However, the treater does not indicate what TENS unit is being used for. Per treater report dated 08/20/14, patient has tried TENS and found it to be effective for pain control. If the patient is using it for CTS, it would be indicated. In this case, the treater has asked for 1 year supplies which is excessive. Page 60 MUTS require recording of pain and function with each visit, and page 8 requires physician monitoring of the patient's progress. Recommendation is for denial.