

Case Number:	CM14-0159323		
Date Assigned:	10/02/2014	Date of Injury:	06/03/2008
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency Medicine 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 injured worker is a 64 year-old male, who sustained an injury on June 3, 2008. The mechanism of injury is not noted. Diagnostics have included: Left shoulder MRI with no date or results noted. Treatments have included: physical therapy, medications. The current diagnoses are: cervicgia, rotator cuff sprain, left shoulder impingement, low back pain. The stated purpose of the request for TENS unit for purchase and supplies (lead wire, batteries, electrodes) was not noted. The request for TENS unit for purchase AND supplies (lead wire, batteries, electrodes) was denied on September 3, 2014 citing a lack of documentation of the results of a one-month TENS trial or functional improvement. Per the report dated August 21, 2014, the treating physician noted complaints of bilateral shoulder pain and low back pain. Exam findings include abduction of the left shoulder to 160 degrees with a positive impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies (lead wire, batteries, electrodes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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

Decision rationale: The requested TENS supplies (lead wire, batteries, electrodes) , is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has bilateral shoulder pain and low back pain. The treating physician has documented abduction of the left shoulder to 160 degrees with a positive impingement sign. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor the results of a one-month TENS trial. The criteria noted above not having been met, TENS supplies (lead wire, batteries, electrodes) is not medically necessary.

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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

Decision rationale: The requested TENS unit for purchase is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has bilateral shoulder pain and low back pain. The treating physician has documented abduction of the left shoulder to 160 degrees with a positive impingement sign. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor the results of a one-month TENS trial. The criteria noted above not having been met, TENS unit for purchase is not medically necessary.