

Case Number:	CM14-0170100		
Date Assigned:	10/20/2014	Date of Injury:	05/29/2014
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family 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:

This injured worker's date of injury is 05/29/2014. This patient receives treatment for right shoulder pain. The original injury occurred while the injured worker was placing clothes on a shelf. The treating physician reports that the patient has 7/10 right shoulder pain and 6/10 neck pain. The patient receives Hydrocodone and NSAIDs (non-steroidal anti-inflammatory drugs) for analgesia and cyclobenzaprine for muscle spasms. On exam the right shoulder is tender with reduced ROM (range of motion). There are positive impingement signs. There is spasm of the right deltoid muscle. The medical diagnosis is "rule out right shoulder impingement" and cervical myofascial pain. This review covers a retrospective request for TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for a TENS (transcutaneous electrical nerve stimulation) unit 30-day trial for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: This patient receives treatment for persisting neck and right shoulder pain. Treatment with TENS (transcutaneous electrical nerve stimulation) is medically indicated only for specific kinds of pain, such as: neuropathic pain, phantom limb pain, post-operative pain, or multiple sclerosis. Based on the documentation on this patient with myofascial pain, TENS is not medically indicated. Therefore, this request is not medically necessary or appropriate.