

Case Number:	CM14-0170643		
Date Assigned:	10/23/2014	Date of Injury:	01/21/2014
Decision Date:	12/02/2014	UR Denial Date:	09/15/2014
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 Orthopedic Surgery, 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:

54 year old female claimant with an industrial injury dated 01/21/14. The patient is status post a right shoulder arthroscopy with subacromial decompression and arthroscopic rotator cuff repair of a near full thickness bursal sides tear dated 08/01/14. Exam note 08/05/14 states the patient returns with shoulder pain. Upon physical exam there was evidence of mild swelling. The patient uses a sling in which was comfortable for her. The shoulder appears to be stable after the shoulder surgery. The patient explains that the medication is required to help with pain relief. Current medications include Methoderm, Omeprazole, Flexeril, Neurontin, Voltaren, Methoderm, Percocet, and Oxycodone. Diagnosis is noted as right rotator cuff syndrome, and pain syndrome. Treatment plan includes physical therapy, a continuation of medications, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: TENS unit for post op right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "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, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam notes of 8/5/14 to warrant a TENS unit. Therefore the determination is not medically necessary.