

Case Number:	CM14-0172184		
Date Assigned:	10/23/2014	Date of Injury:	07/18/2013
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 case involves a 49 year-old patient who sustained a cumulative trauma injury from repetitive climbing work on 7/18/13 while employed by [REDACTED]. Request(s) under consideration include retrospective for date of service 9/19/2014, one purchase of home transcutaneous electrical nerve stimulation (TENS). Diagnoses include right shoulder tendinitis; SLAP tear/Superior Glenoid labrum lesion; and myofascial tear. MRI of the right shoulder dated 8/1/13, showed SLAP IIC without cyst formation, supraspinatus/ subscapularis tendinosis without rotator cuff tear, and moderate AC joint osteoarthropathy. Conservative care has included medications, physical therapy, cortisone injection, and activity modification/rest. Report of 9/19/14 from the provider noted the patient with ongoing chronic right shoulder pain rated at 8/10 radiating to right side of neck with occasional numbness, tingling feeling in the right middle and ring fingers with cramping of the forearm. Medications list Norco, Naproxen, Ibuprofen, Cyclobenzaprine, Omeprazole, Methoderm gel, and Alprazolam. Exam showed limited shoulder range of flex/abd of 110/120 degrees; and tenderness at short head of biceps. There was nonspecific report of decreased pain with TENS 15-minute trial. The request(s) for retrospective for date of service 9/19/2014, one purchase of home transcutaneous electrical nerve stimulation (TENS) was non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 9/19/2014, one purchase of home transcutaneous electrical nerve stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for Chronic Pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include 30-day trial in adjunct to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, injection, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in activities of daily living, decreased Visual Analog Scale (VAS) score, medication usage, or treatment utilization from any specific 30-day TENS treatment already rendered for purchase. The retrospective for date of service 9/19/2014, one purchase of home transcutaneous electrical nerve stimulation (TENS) is not medically necessary and appropriate.