

Case Number:	CM14-0021136		
Date Assigned:	06/11/2014	Date of Injury:	08/11/2011
Decision Date:	08/01/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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 & 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:

The injured worker is a 68-year-old female who reported an injury after she slipped and fell on August 11, 2011. The clinical note dated January 7, 2014 indicated diagnoses of work-related slip and fall blunt head trauma with facial periorbital lacerations and visual changes, right shoulder strain/contusion status post open shoulder repair dated September 22, 2011, status post right shoulder arthroscopy rotator cuff repair, subacromial decompression and distal clavicular excision dated June 7, 2012, postoperative frozen shoulder. The injured worker reported mild improvement in her intermittent moderate right shoulder pain and mild relief with medication. On physical examination of the right shoulder, there was tenderness to palpation at the lateral acromion, with muscle spasms and weakness. The injured worker had positive impingement sign with restricted range of motion due to discomfort and pain. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included naproxen. The provider submitted a request for TENS unit electrodes. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT ELECTRODES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS Guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There was a lack of documentation of efficacy and functional improvement with the use of the TENS unit. In addition, there was a lack of quantified pain relief. Furthermore, the provider did not indicate a rationale for the request. Moreover, it is not indicated if a 2-lead unit or 4-lead unit was indicated in the request. Therefore, the request for TENS unit electrodes is not medically necessary.