

Case Number:	CM14-0021223		
Date Assigned:	06/11/2014	Date of Injury:	10/02/2012
Decision Date:	08/12/2014	UR Denial Date:	02/04/2014
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 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:

The injured worker is a 44-year-old male who reported an injury on 10/02/2012 secondary to being struck by a heavy piece of metal. He complained of a constant aching pain to the left shoulder, rated his pain a 7/10 on a 0 to 10 scale, and stated any movement of the left upper extremity and left side sleeping aggravated the injury. Physical examination of the left shoulder on 01/30/2014 showed tenderness to palpation over the left supraspinatus tendon insertion and left bicipital groove; normal range of motion with pain at 60 to 120 degrees of abduction; muscle strength of 4/5 in the left supraspinatus muscle, limited by pain; and a positive impingement and empty can sign on the left. He had an EMG/NCV done on 01/10/2014 and a MRI of the left shoulder on 01/27/2014. He had diagnoses of left shoulder pain due to full-thickness rotator cuff tear, and tear of the anterior insertion of the supraspinatus. His past treatments were physical therapy, chiropractic treatments, and a steroid injection. His medications included ibuprofen, naprosyn, and norco. The treatment plan was for evaluation by an orthopedic surgeon specializing in the shoulder joint. The Request for Authorization form was not submitted for review. There is no rationale for the request for the purchase of GSM HD combo TENS w/HAN programs and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF GSM HD COMBO TENS W/HAN PROGRAMS AND SUPPLIES:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, and neuromuscular electrical stimulation Page(s): 114-116 page(s) 121.

Decision rationale: The request for the purchase of GSM HD combo TENS w/HAN programs and supplies is non-certified. The injured worker complained of a constant aching pain to the left shoulder, rated his pain a 7/10 on the 0 to 10 scale, and stated any movement of the left upper extremity and left side sleeping aggravated the injury. He had past treatments of physical therapy, chiropractic treatments, and a steroid injection. The injured worker returned to work with modified duties. After research of the requested unit, it was discovered on the manufacturer's site that it is a combination unit of a TENS (transcutaneous electrical nerve stimulation) and neuromuscular electrical stimulator. The California Chronic Pain Medical Treatment Guidelines state that a TENS unit is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration for conditions such as CRPS 1 and 2, neuropathic pain, spasticity, and multiple sclerosis. The criteria for use of the TENS unit with chronic intractable pain includes: documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried and failed (including medication), 1 month documented trial of TENS unit along with ongoing treatment modalities within a functional restoration approach frequency of use, outcomes, other ongoing pain treatments/medications; rental would be preferred over purchase in trial period, and a treatment plan including the specific short and long-term goals of treatment with the TENS units. A 2-lead unit is usually recommended; if a 4 lead unit is recommended, there must be documentation of why this is necessary. It also states that neuromuscular electrical stimulation (NMES device) is not recommended and is used primarily as part of a rehabilitation program for stroke, and there is no evidence to support its use in chronic pain. The documentation provided stated the injured worker complained of pain to the left shoulder since the date of injury, there was no electrodiagnostic evidence or physical findings consistent chronic intractable pain associated with CRPS 1 and 2, neuropathic pain, spasticity, and multiple sclerosis. Documentation does not support the need for the combination TENS/NMES unit over a regular TENS unit. A TENS unit is recommended for a 30 day trial prior to purchase. Also, the request provided did not mention the area of treatment for the unit. Given the above, the request for the purchase of GSM HD combo TENS with HAN programs and supplies is non-certified.