

Case Number:	CM14-0027159		
Date Assigned:	06/13/2014	Date of Injury:	04/13/2012
Decision Date:	08/05/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 48-year-old female with date of injury of 04/13/2012. The listed diagnoses per [REDACTED] dated 01/03/2014 are: status post right shoulder arthroscopy and subacromial decompression, status post right shoulder excision of distal clavicle, status post right shoulder SLAP lesion repair, status post right shoulder open biceps tenodesis, and contusion of the right shoulder. According to this report, the patient complains of right shoulder pain. She has recently underwent surgery for the right shoulder on 11/21/2013. She had increasing pain in her right shoulder since the injury and she is concerned that she may have done some damage through her shoulder due to the fall. The physical exam shows the patient appears to be healthy in no acute distress. There is a well-healed surgical incision in the right shoulder. There is no erythema or lesions noted. Sensation is intact to light touch in the digits of both hands. The patient is wearing a CAM walker boot for her ankle injury. The right shoulder demonstrates limited motion with forward elevation and abduction. There is tenderness to palpation over the anterior and lateral aspects of the shoulder. There is tenderness to palpation over the posterior aspect of the shoulder as well. The utilization review denied the request on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Electrical therapies, and Official Disability Guidelines (ODG), TENS (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: The MTUS Guidelines on TENS unit states that it is 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. In this case, this patient presents with chronic right shoulder pain. The patient is status post right shoulder surgery from 11/21/2013. The treating physician is requesting a purchase of a home transcutaneous electrical nerve stimulation unit (TENS). The reports do not show that the patient has trialed TENS unit in the past. None of the 152 pages of records document how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. The MTUS guidelines recommends a one month trial of the TENS unit to determine its efficacy in terms of pain relief and function. As such, the recommendation is for denial.