

Case Number:	CM14-0029856		
Date Assigned:	06/20/2014	Date of Injury:	12/30/2003
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 who is a 68-year-old-male who reported an injury on 12/20/2003 due to an industrial injury. On 02/12/2014, the injured worker underwent an MRI (magnetic resonance imaging) of the left shoulder that revealed medial subluxation of the long head biceps tendon in the bicipital groove and medial extension into a small distal interstitial tear of the subscapularis tendon, mild rotator cuff tendinosis and chronic tear of the superior labrum extending posterior superior or a slap tear. On 05/05/2014, the injured worker complained of left shoulder pain. He states his pain level was 4/10 at the least and 7/10 being the worst. It was noted that pushing, pulling and lifting aggravates his pain in the left shoulder and bio freeze and the tens unit alleviates the left shoulder pain. The physical examination, done on 05/05/2014 was noted the injured worker had tenderness to palpation over the area of the incision of the left shoulder. There was prominence of the acromioclavicular joint, cubital tunnel testing was positive affecting the fifth digit rated moderate. Exquisitely tender to palpation in the area of acromion and the lateral aspect of the cervical spine. Range of motion on the left shoulder was abduction 120 degrees active flexion 150 degrees, extension 30 degrees, external rotation 35 degrees, internal rotation 30 degrees and adduction 25 degrees. The injured workers current medication includes Lisinopril 5mg and Zocor 10mg. The injured worker diagnoses is adhesive capsulitis of the left shoulder. It is noted the injured worker continues symptomatic and arthroscopy of the left shoulder but would like to continue conservative management at this time. The treatment plan includes a decision for purchase of transcutaneous electrical nerve stimulation (TENS) Unit with Recharger and Battery directed to the left shoulder. The authorization for request was submitted on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS UNIT WITH RECHARGER AND BATTERY DIRECTED TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pgs. 173-174, Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pgs. 203, and Non-MTUS: Official Disability Guidelines (ODG), Low Back Chapter, Neck and Upper Back Chapter, Shoulder Chapter, Pain Chapter, TENS, and BlueCross Blue Shield, Durable Medical Equipment Section, Electrical Stimulation Devices for Home Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines does not recommend a tens unit 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 and other ongoing pain treatment including medication usage. The guidelines also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The injured worker diagnosis is adhesive capsulitis of the left shoulder. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. On 05/05/2014, it was documented the injured worker had a previous unknown procedure and date when the procedure was done. There was lack of documentation on the injured worker conservative care such as physical therapy and medication management for the left shoulder. It was noted the tens unit alleviates the injured worker's pain with no documented evidence of the outcomes in terms of pain relief and functional restoration. In addition, there was no treatment plan included of the specific short-and long term goals of the treatment with the TENS unit. Given the above, the request for purchase of TENS Unit with recharger and Battery directed to the left shoulder is not certified.