

Case Number:	CM14-0029866		
Date Assigned:	06/20/2014	Date of Injury:	10/24/2011
Decision Date:	08/29/2014	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 Anesthesia, has a subspecialty in Acupuncture & Pain Management 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 51-year-old female with date of injury 10/24/11 with related right shoulder pain. Per progress report dated 2/19/14, she was status post suprascapular nerve decompression of her right shoulder on 5/23/13. She also underwent arthroscopy at that time, findings revealed grade 2-3 chondromalacia of her humeral head. MR arthrogram of the right shoulder dated 12/26/12 revealed status post tendon to bone repair with thinning of the distal rotator cuff tendons at the level of the repair. There was extension of the contrast through a small focus of a full thickness tearing that was obliquely oriented at the junction of the supraspinatus/infraspinatus tendon. There was extension of the contrast to subacromial/subdeltoid bursal fluid. The treatment to date has included physical therapy and medication management. The date of the utilization review decision was 3/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit, purchase, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) for chronic pain.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. As the documentation submitted for review contains no evidence of successful TENS unit trial, purchase is not supported. The request for Transcutaneous Electrical Nerve Stimulation is not medically necessary.