

Case Number:	CM14-0040668		
Date Assigned:	06/30/2014	Date of Injury:	05/23/2005
Decision Date:	08/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Practice 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:

This is a 51 year old female claimant that sustained a work injury on 5/23/05 involving the shoulders, arms and elbows. She was diagnosed with carpal tunnel syndrome and left rotator cuff injury. She underwent 2 left shoulder surgeries in 2007 and 2008 as well as a right carpal tunnel release in 2012. She has undergone pain management services and psychological services. Her pain had been treated with oral opioids and topical analgesics. In addition she has received acupuncture and infrared therapy. A progress note on April 28, 2014 indicated she had scapula, right wrist and forearm pains. She also had bilateral upper limb pain and left shoulder pain. She had difficulty with neck rotation and side bending. Physical exam was notable for reduced range of motion in the right shoulder, cervical spine and left shoulder. There were impingement findings in the shoulders. She was treated with antidepressants, antiepileptics, opioids and benzodiazepines. The treating physician recommended a TENS unit for one month trial to benefit her shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of TENS(transcutaneous electrical nerve stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114.

Decision rationale: A TENS unit may be considered for a one-month home based trial for the following diagnoses: chronic regional pain syndrome, spasticity, multiple sclerosis or neuropathic pain. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Based on insufficient evidence and lack of diagnoses as indicated by the guidelines, the request for a TENS unit is not medically necessary.