

Case Number:	CM14-0053175		
Date Assigned:	07/07/2014	Date of Injury:	02/12/2007
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old female who has submitted a claim for cervical pain and status post right shoulder surgery associated with an industrial injury date of 02/12/2007. Medical records from 11/21/2013 to 07/07/2014 were reviewed and showed that patient complained of right shoulder pain graded 5/10 and neck pain graded 5/10. Physical examination revealed spasm of the cervical trapezius/deltoid tie-in. Tenderness over anterior aspect of right shoulder and acromioclavicular joint was noted. Right shoulder ROM (Range of Motion) was decreased. Treatment to date has included right shoulder arthroscopic subacromial decompression (09/09/2013), activity modification, physical therapy, stretching, and home exercise. Utilization review dated 03/21/2014 denied the request for TENS unit supplies. However, the rationale was not made available.

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 supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication. In this case, the patient reported symptomatic improvement with TENS use. However, there was no documentation of treatment frequency and objective functional improvement which was required to support the continuation of TENS therapy per ODG recommendation. The request likewise failed to indicate the specific supplies needed. Therefore, the request for transcutaneous electrical nerve stimulation (TENS) unit supplies is not medically necessary.