

Case Number:	CM14-0053816		
Date Assigned:	09/12/2014	Date of Injury:	03/05/2013
Decision Date:	10/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopaedic Surgery, 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 45-year-old female caregiver sustained an industrial injury on 3/5/13. Injury to the right shoulder occurred while repositioning a paraplegic patient. The 4/3/13 right shoulder MR arthrogram impression documented complete long head biceps avulsion from the superior labral anchor with retraction and superior labral tear consistent with a SLAP lesion. There was moderate distal supraspinatus tendinopathy without surface tear, distal subscapularis tendinopathy, and mild acromioclavicular joint degenerative arthritis. The injured worker underwent right shoulder arthroscopy with extensive glenohumeral joint debridement, superior labral repair, subacromial decompression, and acromioplasty on 1/17/14. The 3/11/14 treating physician report indicated the patient was improving with physical therapy. Physical exam documented well-healed portal sites with no signs of infection. Range of motion testing documented flexion 155, abduction 150, and external rotation 45-50 degrees with internal rotation to the L5 level. Motor and sensation were grossly intact. A TENS unit was recommended to given the patient good results for rehabilitation. The 4/8/14 treating physician report indicated the patient was showing signs of improvement. Additional physical therapy was requested. The patient was released to modified duty. The 4/15/14 utilization review denied the request for a TENS unit as there was no guideline support for TENS in the management of post-operative pain after the first 30 days. The patient was improving in physical therapy with no documentation to support the medical necessity of this request.

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 for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116, 1, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, post-operative pain Page(s): 114-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guidelines also support a trial of a TENS unit for chronic intractable pain with evidence that other appropriate pain modalities have been tried (including medications) and failed. Guideline criteria have not been met. At the time of the request, the patient was nearly 3 months status post surgery. There was no evidence that standard post-operative pain management was insufficient. There was no evidence that the patient had chronic intractable pain or that other appropriate pain modalities had failed. Therefore, this request is not medically necessary.