

Case Number:	CM14-0054828		
Date Assigned:	07/09/2014	Date of Injury:	10/13/2004
Decision Date:	10/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 46 year old female who was reportedly injured on 6/14/2013. The mechanism of injury is undisclosed. The most recent progress note, dated 6/4/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder marked weakness of the right shoulder to external rotation with positive drawbar test. Diagnostic imaging studies mentioned a magnetic resonance image of the right shoulder, dated 5/28/2014, which revealed evidence of a full thickness rotator cuff tear. Previous treatment included previous rotator cuff surgery and physical therapy thirty four total visits. A request was made for continued physical therapy for the right shoulder three times a week for four weeks (twelve) and was not certified in the preauthorization process on 4/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator (TENS) and supplies x 30 day rental (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation BlueCross BlueShield (2007); Centers for Medicare and Medicaid (CMS) (2006); Aetna (2005) & Humana (2004); US Department of Veterans' Administration (2001); European Federation of Neurological Societies (EFNS) (2007)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116.

Decision rationale: Treatment guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request is not meet guideline criteria for a TENS trial. As such, this request is deemed not medically necessary.

Review Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.