MAXIMUS Federal Services

Case Number:	CM14-0066444		
Date Assigned:	07/11/2014	Date of Injury:	09/19/2010
Decision Date:	09/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 09/19/2010. The listed diagnoses per [redacted] are Status post mid shaft humerus fracture with marked angulation deformity, 09/16/2010 and Status post right shoulder surgery for clavicle fracture, 01/29/2014 and Right elbow contusion, sprain, history of hairline fracture. According to progress report 04/07/2014, the patient is status post right shoulder surgery for a clavicular fracture on 01/29/2014 and continues with right shoulder complaints. He has rated his pain a 2/10 and describes the pain as frequent, dull, throbbing, and aching. Patient states his pain has been slowly improving, and he continues to attend physical therapy. Physical examination included deltoid atrophy, limited range of motion of the right shoulder, tenderness of the right elbow at the flexor and extensor. Right shoulder revealed well-healed scar and atrophy noted in the deltoid. The request is for "1 TENS rental." Utilization review denied the request on 04/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: This patient is status post right shoulder surgery for a clavicular fracture on 01/29/2014 and continues with right shoulder complaints. Report 04/07/2014 states, "request authorization for a TENS unit to help with range of motion, increase function, and increase ability to perform activities of daily living, to focus on strength of the right shoulder joint." Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated a 30-day home trial is recommended and with documentation of function improvement, additional usage may be indicated. This patient does not meet the indications for a TENS unit. Furthermore, when a TENS unit is indicated a 30-day home trial is recommended. The treater has not specified recommended duration of use. Recommendation is for denial.