

Case Number:	CM14-0079308		
Date Assigned:	07/18/2014	Date of Injury:	05/28/2013
Decision Date:	09/16/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 30-year-old male with a date of injury of 05/28/2013. The listed diagnoses per [REDACTED] are: pain in joint of shoulder and rotator cuff sprain/strain. According to progress report 05/16/2014, the patient presents with low back pain and left shoulder pain. He rates this pain as 5/10 on a pain scale. His pain is characterized as aching and radiates to the left arm. He states medications are helping, and he is tolerating them well. Medication regimen includes Anaprox 550 mg, Mentherm gel, Protonix 20 mg, tramadol 150 mg, and Norco 10/325 mg. Examination of the lumbar spine revealed restricted with flexion, and straight leg raising is negative on both sides. Examination of the shoulder revealed movements are restricted with abduction limited to 160 degrees due to pain, but normal flexion and extension. On 05/02/2014, treater states the patient has reported ongoing symptoms of pain for more than 3 months so far, and he has been instructed to utilize the TENS unit at home and to continue with his home exercise program. Treater is requesting a 30-day TENS unit rental. Utilization review denied the request on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days DME Rental of TENS Unit for symptoms related to Bilateral Shoulder Injury:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. BlueCross and BlueShield, (2007) 2. CMS Medicare (2006) 3. Aetna (2005) and Humana (2004) 4. VA (2001) 5. European Federation of Neurological Societies (2007).

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

Decision rationale: Per MTUS Guidelines page 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 diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does not meet the indications for a TENS unit. The treater is requesting an initial 30-day rental of a TENS unit, the request is not medically necessary.