MAXIMUS Federal Services

Case Number:	CM14-0083473		
Date Assigned:	07/21/2014	Date of Injury:	08/22/2013
Decision Date:	08/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 37 year old female who was injured on 08/22/2013. The mechanism of injury is unknown. She has been treated conservatively with physical therapy, home exercise program, and TENS unit. Her past medication history included Diclofenac sodium, Cyclobenzaprine/Flexeril, Tramadol, and Lidoderm. Diagnostic studies reviewed include MRI of the right shoulder dated 01/14/2014 demonstrated rotator cuff tendinosis, mild to moderate, involving the supraspinatus and conjoint portion of rotator cuff; intact biceps labral complex and inferior glenohumeral ligament labral complex, mild arthrosis with hypertrophy of the AC joint and mild tenosynovitis of the proximal biceps tendon. Visit note dated 04/24/2014 indicates the patient complained of right shoulder pain radiating into the neck. She noted physical therapy helped with her symptoms. She indicated that she is using her TENS unit but the pads are worn off and she was waiting approval for the purchase of a new unit. She rated her pain as 6/10 without medications and noted that her medications help decrease her pain. She reported using muscle relaxants which help with muscle tightness and pain. Ultracet offers her 50% of improvement in her pain. On exam, muscle strength is 5/5 in bilateral upper and lower extremities. Her shoulder range of motion on the right revealed abduction at 90 degrees; forward flexion at 105 degrees; and extension at 45 degrees. The right acromioclavicular joint is tender to palpation and the patient has a positive cross arm test. Diagnoses are pain in joint shoulder, neck pain, and cervicobrachial syndrome. She is recommended for a TENS unit and a formal request has been made. Prior utilization review dated 05/07/2014 states the requests for transcutaneous electrical stimulation unit for purchase and transcutaneous electrical stimulation pads for purchase on a monthly basis are not certified because there is no one month trial, and there is no treatment plan including specific short- and long-term goal of treatment with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Stimulation Unit for purchase on a monthly basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, TENS .

Decision rationale: According to CA MTUS guidelines, TENS as for post-operative pain is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (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. On the other hand, in the guidelines state criteria for the use of TENS in chronic pain management, one of these criteria addresses; "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; rental would be preferred over purchase during this trial." The medical report does not document that one-month trial period was done, and it does not document detailed description about the pain relief and functional restoration from the TENS unit. Accordingly, the medical necessity of a transcutaneous electrical nerve stimulator (TENS) unit purchase has not been established according to the guidelines. The request is not medically necessary.

Transcutaneous Electrical Stimulation pads for purchase on a monthly basis: 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 TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, TENS.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.