

Case Number:	CM14-0083930		
Date Assigned:	07/21/2014	Date of Injury:	06/07/2013
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year-old female who sustained injury to her right shoulder on 06/07/2003 while serving on the food line; she picked up a full pan of hot cereal, her right shoulder twisted and pulled out. The injured worker is status post diagnostic and operative arthroscopy of the right shoulder with Bankart repair, partial synovectomy, removal of loose bodies with lysis of adhesions, subacromial bursectomy and insertion of pain pump that was performed on 10/01/2013. MRI of the right shoulder dated 12/11/2013 revealed progression of a partial thickness articular surface tear of the supraspinatus tendon spanning an 18 x 11mm area anteriorly extending posterior to possibly involve the anterior fibers of the infraspinatus tendon; mild acromioclavicular joint arthrosis. Clinical note dated 04/30/2014 reported that the injured worker was doing better, but when overusing the shoulder, she felt deep pain when also reaching overhead at 7/10 on a visual analog scale. Physical examination noted anterior tenderness in the inner area of the right shoulder with decreased strength in the internal/external rotation; plain radiographs revealed no increase of osteoarthritis. The injured worker was recommended to continue using a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The MTUS states that while transcutaneous electrical nerve stimulation (TENS) unit may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; published trials do not provide information on stimulation parameters which were most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for A TENS unit is not indicated as medically necessary.