

Case Number:	CM13-0025991		
Date Assigned:	10/11/2013	Date of Injury:	09/30/2012
Decision Date:	04/08/2015	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male with an industrial injury dated 09/30/2012. The mechanism of injury is documented as a fall injuring his right elbow and right shoulder. He presented on March 11, 2013 with pain in right shoulder. Physical exam of the right and left shoulder revealed moderate local tenderness anteriorly in the subacromial bursa and slight tenderness posteriorly over the rotator cuff on the right side. Right shoulder range of motion was limited. Prior treatments include physical therapy, MRI scan dated 11/13/2013 showing a full thickness rotator cuff tear in the right shoulder, cortisone injections and medications. Diagnosis was right shoulder full thickness non-retracted rotator cuff tear, SLAP lesion, impingement syndrome right shoulder, arthritis right AC joint and probable cervical spondylosis with right side neck pain. On 09/06/2013 utilization review non-certified the request for transcutaneous electrical nerve stimulation (TENS) unit for 1 month rental with 1 month supply (electrodes, batteries and lead wires) to use with TENS unit. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR 1 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 116.

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS rental and associated supplies are not medically necessary.

1 MONTH SUPPLY OF ELECTRODES, BATTERIES, AND LEAD WIRES TO USE WITH TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 116.

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS rental and associated supplies are not medically necessary.