

Case Number:	CM14-0112042		
Date Assigned:	09/22/2014	Date of Injury:	05/12/2011
Decision Date:	05/22/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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: 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 49 year old female who sustained an industrial injury on 5/12/2011. Her diagnoses, and/or impressions, included: chronic right shoulder pain with tendonopathy, partial tear, degeneration, and adhesive capsulitis; chronic left shoulder pain with rotator cuff repair (11/12/11), and arthrogram (12/13/13) showing partial tears; chronic neck pain with cervical fusion, degeneration of facet joints, multi-level degeneration and narrowing; and rule-out left mid-cervical spine facet joint mediated pain. No current magnetic resonance imaging studies are noted. Her treatments have included transcutaneous electrical stimulation unit therapy which reportedly significantly helps with neck and shoulder pain. Progress notes of 6/17/2014 noted complaints of neck and left shoulder pain. It was noted that she has been using a transcutaneous electrical stimulation unit for quite some time but was told she needs to return it. The physician's requests for treatments were noted to include a transcutaneous electrical stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Never Stimulator (TENS) Unit (rental or purchase not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, TENS, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for unspecified rental or purchase. The Transcutaneous Electrical Nerve Stimulator (TENS) Unit (rental or purchase not specified) is not medically necessary and appropriate.