

Case Number:	CM14-0142392		
Date Assigned:	11/17/2014	Date of Injury:	05/19/2014
Decision Date:	04/24/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 53 year old female who sustained an industrial injury on 5/19/14 from a twisting injury causing her to twist her right arm and shoulder in external rotation resulting in severe pain in the right shoulder that radiated to the right trapezius and neck and down to the elbow and hand. She currently complains of right shoulder pain with pain intensity of 7/10. Her sleep is affected and activities of daily living are limited. No medications are noted. Diagnoses include bicipital tenosynovitis; right shoulder strain. Diagnostics include MRI of the right shoulder (6/25/14) with abnormal findings. There were no progress notes available for review requesting or mentioning use of a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit for right shoulder dispensed 7/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/30/14 with right shoulder pain rated 2/10 and stiffness to the right shoulder joint. The patient's date of injury is 05/19/14. Patient has no documented surgical history directed at this complaint. The request is for RETROSPECTIVE TENS UNIT FOR THE RIGHT SHOULDER DISPENSED 07/11/14. The RFA was not provided. Physical examination dated 06/30/14 reveals tenderness to palpation of the supraspinatus, deltoid, and bicipital groove of the right shoulder, full active and passive range of motion of the joint. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the right shoulder dated 06/25/14, finding right supraspinatus tendonitis and no rotator cuff tear. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, under criteria for the use of TENS states "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." In regard to the retrospective TENS unit for this patient's shoulder pain, treater has not provided documentation of a 30 day trial or signaled the intent to perform one. The date of service for this device was apparently 07/11/14, though the most recent progress note provided is dated 06/30/14. There is no mention of a previous TENS trial in any of the reports made available for review. MTUS requires a 30-day trial of TENS units with documented benefits before purchase can be considered, it is unclear if the unit dispensed on 07/11/14 was part of a trial or a purchase. Without a clearer documentation of TENS trial success or this patient's clinical status at the time of issuance, the requested device cannot be substantiated. The request IS NOT medically necessary.