

Case Number:	CM14-0143029		
Date Assigned:	09/12/2014	Date of Injury:	12/11/2012
Decision Date:	05/27/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 male, who sustained an industrial injury on 12/11/2012. According to a progress report dated 08/14/2014, the injured worker complained of significant pain to the right shoulder. There was burning pain and muscle cramping. He was using Fentanyl for baseline pain relief. Voltaren Gel was not beneficial. Pain was rated 7 on a scale of 1-10 with medications and an 8 without medications. Treatment to date has included medications, acupuncture, shoulder surgeries and physical therapy. The injured worker had tried and failed Hydrocodone, Oxycodone, Butrans and Tramadol. Diagnoses included history of right shoulder rotator cuff tear status post right shoulder surgery x 3 with residual symptoms, mass volar aspect right forearm and decrease in sensation non-dermatomal right upper extremity. The provider noted that an appeal was submitted in regards to percutaneous electrical nerve stimulator/nerve stimulator treatments. Currently under review is the request for percutaneous electrical nerve stimulator/Neurostimulator treatments x 4 separate treatments over the course of 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulator/Neurostimulator Treatments x4 Separate Treatments over the course of 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 97.

Decision rationale: Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality. A trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, and other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity). In this case the patient was not participating in a functional restoration program, a condition of for a trial of the therapy. The conditions for recommendation are not met. The request is not medically necessary.