

Case Number:	CM14-0183591		
Date Assigned:	11/10/2014	Date of Injury:	12/18/2013
Decision Date:	06/01/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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, Hawaii
 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 42 year old male, who sustained an industrial injury on December 18, 2013. He reported right shoulder, left elbow, left knee, and thoracic spine injury. The injured worker was diagnosed as having thoracic sprain. Treatment to date has included medications, sudoscan-sudomotor function testing, cardio-respiratory diagnostic testing, magnetic resonance imaging, and x-rays. On September 18, 2014, he is seen for upper/mid back pain and stiffness and right shoulder pain. The treatment plan includes: request for physical therapy and acupuncture, magnetic resonance imaging of the thoracic spine and right shoulder, electrodiagnostic studies, and a transcutaneous electrical nerve stimulator unit and supplies. On October 1, 2014, a PR-2 indicates he has complaints of right shoulder pain. The treatment plan includes: urinalysis, and medications. The request is for a one-month trial of a neurostimulator transcutaneous electrical nerve stimulator unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month trial of a neurostimulator transcutaneous electrical nerve stimulator-electrical muscle stimulator unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back

Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-119.

Decision rationale: The records indicate the patient has ongoing complaints of right shoulder pain per 10/1/14 attending physicians report. The current request is for a One month trial of a neurostimulator transcutaneous electrical nerve stimulator-electrical muscle stimulator unit with supplies. The MTUS Guidelines do support a trial of TENS with criteria met. TENS units are used as an adjunct to ongoing treatment modalities within a functional restoration approach. A treatment plan including specific short-and long-term goals of treatment with the TENS unit should be submitted. The MTUS Guidelines do not support dual units, having both TENS and EMS, known as NMES. NMES devices are used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, the patient has ongoing shoulder pain with a diagnosis of right shoulder impingement. There is no evidence to suggest NMES benefits impingement syndrome. The attending physician provides no treatment plan with short-and long-term goals. The MTUS does not recommend Dual units (NMES). The available documentation does not establish medical necessity and as such, recommendation is for denial. The above request is not medically necessary.