MAXIMUS Federal Services

Case Number:	CM14-0186771		
Date Assigned:	11/17/2014	Date of Injury:	01/17/2012
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female who reported an injury on 01/17/2012. The mechanism of injury was not provided. The injured worker's diagnoses included cervical disc disease/cervical stenosis and right shoulder arthropathy. The injured worker's past treatments included physical therapy, cortisone injections, and medication. The injured worker's diagnostic testing included x-rays of the right shoulder, which were noted to reveal a flat acromion. No osteoarthritis of the glenohumeral joint. The injured worker's surgical history included a right shoulder arthroscopy with biceps tenodesis and repair of deltoid performed on 06/30/2014. On 09/11/2014, the injured worker complained of right shoulder pain. She reported her right arm was very stiff in the morning. Upon physical examination of the right shoulder, the injured worker was noted with range of motion with flexion of 100 degrees and abduction at 100 degrees. The injured worker's current medications included Percocet, Lorazepam 1 mg, and Zoloft. The request was for a trial of TENS unit and supplies for 6 months for neuropathic pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial TENS Unit and supplies for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: Trial request for trial TENS unit and supplies for 6 months is not medically necessary. According to the California MTUS Guidelines, TENS unit is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. While TENS unit may reflect a longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provided information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The criteria for TENS unit include documentation of pain for at least 3 months duration; documented evidence that other appropriate pain modalities have been tried (including medication) and failed; a 1 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; rental would be preferred over purchase during this trial period. The injured worker complained of right shoulder pain, however, the pain was not quantified. The documentation did not provide sufficient evidence of the efficacy of her current medication regimen. The documentation did not provide sufficient evidence that the TENS unit would be used as an adjunct to ongoing treatment modalities within a functional restoration approach. The injured worker was noted to have had some benefit with physical therapy. In the absence of documentation with sufficient evidence of tried and failed conservative therapy (to include physical therapy, home exercise program, and medications) and documented evidence of a complete and thorough pain assessment to include a current quantified pain, the least reported pain over period since last assessment, intensity of pain after taking medication, and how long pain relief lasts, the request is not supported. Additionally, as the request is written, supplies for 6 months would be excessive as a trial is only for a 1 month period. Therefore, the request is not medically necessary.