

Case Number:	CM14-0190176		
Date Assigned:	12/05/2014	Date of Injury:	05/27/1997
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Rehab, 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 records presented for review, indicate that this 64 year old right hand dominant, individual was reportedly injured on 05/27/1997. The mechanism of injury was not provided within the submitted medical records. According to the submitted primary treating physician's progress reports (PR-2) dated 07/21/2014, 10/03/2014 and the physical therapy evaluation note dated 08/18/2014, the injured worker's past medical history included chronic low back pain, status post bilateral; rotator cuff repair and status post right total knee replacement. The injured worker's current medication regime included ibuprofen and Oxycodone. At the 07/21/2014 office visit the injured worker complained of an exacerbation of right shoulder pain with radiation into the right hand. The injured worker described the pain as aching, with numbness and tingling from the right shoulder to the fingers at night. No diagnostic study images or reports were provided for this review. At the physical therapy evaluation it was reported that the injured worker denied trauma, continued to complain of right shoulder pain aggravated with raising his right arm or lifting with a straight arm. Physical examination revealed tenderness with palpation over the right AC (acromioclavicular) joint, pain free range of motion, limited strength secondary to complaints of pain with resisted forward flexion and abduction and exhibited positive impingement sign in the right shoulder. The injured worker's diagnoses were listed as right shoulder strain and degenerative joint disease of the right AC joint. The injured worker received hot pack, interferential muscle stimulation, soft tissue mobilization, and therapeutic exercise for stretching and strengthening of the right shoulder. Documentation of previous conservative treatments was not submitted for this review. The primary treating physician's progress report (PR-2) dated 10/03/2014 reported that the injured worker completed 8 sessions of physical therapy with excellent response. There was no mention of objective measurable improvement or functional improvement as defined by MTUS in the records submitted for this review. The

physician's plan of care included home exercises, stretches, heat, and requesting authorization for TENS (Transcutaneous Electrical Nerve Stimulation). Unit lead wires, pads and battery, however a request for authorization form was not submitted for this review. At issue for this review are TENS unit lead wires, pads and battery. A utilization review determination dated 10/23/2014 denied the request for the TENS unit lead wires, pads and battery due to lack of documentation supporting the use of a TENS unit, therefore the request for the TENS unit lead wires, pads and battery were not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lead Wires, Pads, and Battery for TENS Unit, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy ,Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for lead wires, pads, and battery for a TENS unit for the right shoulder is not medically necessary. The California MTUS Guidelines do not recommend TENS unit as a primary treatment, 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, for chronic intractable pain conditions such as diabetic neuropathy, postherpetic neuralgia, complex regional pain syndrome, phantom limb syndrome, spasticity, spinal cord injury, and multiple sclerosis. The clinical documentation submitted failed to provide evidence that the injured worker was diagnosed with any other before mentioned condition outlined in the guidelines. There was also a lack of documentation to demonstrate extreme factors to warrant medical necessity for the request. Additionally, documentation indicated the injured worker had been provided a TENS unit; however, it was not indicated if the unit was a rental or a purchase. There was a lack of documentation of objective functional benefit received from the unit. Due to the lack of clinical documentation, the medical necessity for the request cannot be established. As such, the request for lead wires, pads, and battery for TENS unit for the right shoulder is not medically necessary.