

Case Number:	CM14-0192165		
Date Assigned:	11/25/2014	Date of Injury:	06/19/2007
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine 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 female with date of injury 6/19/2007. Per primary treating physician's progress report dated 10/25/2014, the injured worker complains of right shoulder pain persisting. Her TENS unit is currently not working. On examination she is noted to still have increased pain with range of motion. Sensation is intact. There is decreased strength on the right. Diagnoses include 1) calcified tendinitis shoulder 2) joint pain, shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical stimulation unit (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including

diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. The requesting physician explains that the injured worker's TENS unit is currently not working, and she needs a new TENS unit. There is no other information however regarding the current necessity of a TENS unit. The requesting physician has not provided documentation of a treatment plan including the specific short and long term goals with the use of TENS unit and other treatments. The injured worker reportedly had a TENS unit that stopped working, but the clinical notes do not provide any report on the frequency of use in compliance with a treatment plan. The documents do not indicate the success thus far regarding achieving treatment goals with the use of the TENS unit. Medical necessity of this request has therefore not been established within the recommendations of the MTUS Guidelines. The request for transcutaneous electrical stimulation unit (TENS) is determined to not be medically necessary.