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| Case Number: | CM14-0202791 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 10/22/2011 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 & Rehabn

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 patient is a 56 year old male with date of injury 10/22/11. The sole treating physician report provided dated 10/7/14 (15) is not legible. The UR report dated 11/10/14 (7) notes that the patient presents with pain affecting the right shoulder. The physical examination findings reveal a positive empty can test and positive cross-arm test. Further examination reveals there is pain with flexion. Prior treatment history was not found in the documents provided. The UR report does note an unknown number of physical therapy sessions, and prescribed medications were previously received. The current diagnosis is: 1. 840 Sprain/strain of shoulder The utilization review report dated 11/10/14 denied the request for TENS/EMS unit based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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

Decision rationale: The patient presents with pain affecting the low right shoulder. The current request is for TENS/EMS unit. Length of usage is not stated in the documents provided. The sole treating physician report provided was not legible and did not provide any rationale for the current request. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, there is no indication of a designated time period the TENS unit would be used for therapeutic use. The current request does not satisfy MTUS guidelines as outlined on page 114. Therefore, TENS/EMS unit is not medically necessary.