

Case Number:	CM14-0203582		
Date Assigned:	12/16/2014	Date of Injury:	04/11/2013
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

According to the records made available for review, the injured worker is a 63 year-old male with a date of injury of 04/11/2013. The results of the injury include left shoulder pain. Diagnoses include pain in joint, shoulder region (left). Diagnostic studies were not submitted for review. Treatments have included medications, TENS unit, physical therapy sessions, and home exercise program. Medications have included Ibuprofen, Neurontin, Norco, and Voltaren. A progress note, dated 11/10/2014, documents a follow-up visit with the injured worker. The injured worker reported the shoulder is slightly improved, but still painful; physical therapy was completed and now doing home exercise; and cannot tolerate taking Voltaren due to stomach upset. The injured worker requested a TENS unit for home use for the shoulder pain, as it has been helpful in the past. Objective findings included no swelling, deformity, joint asymmetry, or atrophy of the left shoulder; restricted left shoulder movements with flexion limited to 175 degrees and extension limited to 50 degrees; and right shoulder adduction at 50. The plan of treatment includes a TENS unit for 30 day trial for home use. Request is being made for TENS unit 30 day home trial. On 11/20/2014, Utilization Review non-certified a prescription for TENS unit 30 day home trial. Utilization Review non-certified a prescription for TENS unit 30 day home trial based on the limited details regarding the benefit received from the trial with the use of TENS unit. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: TENS. Application for independent medical review was made on 11/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day home trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic shoulder condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and previous TENS trial yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS unit 30 day home trial is not medically necessary and appropriate.