

Case Number:	CM14-0204401		
Date Assigned:	12/16/2014	Date of Injury:	02/13/2013
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 53 year old man sustained an industrial injury on 2/13/2013 while taking a wheelchair downstairs and he felt a pull in his right shoulder. Diagnoses include cervical spine strain and/or sprain, shoulder and upper arm strain and/or sprain, shoulder impingement syndrome, and shoulder labrum tear. Treatment has included oral medications, surgical intervention, 46 sessions of physical therapy, and a home exercise program. Physician notes dated 11/17/2014 show a pain rating of 5/10 to his shoulder with weakness. Physical examination shows decreased, pain-free range of motion to his neck, shoulder range of motion slightly decreased and pain-free, and no shoulder instability was noted. The worker is noted to have depressive symptoms and the provider expressed concern for reactive depression due to inability to work. Recommendations include a functional restoration pain management evaluation, psychological evaluation, and medication refills. He is able to work with modified duty. On 11/14/2014, Utilization Review evaluated a prescription for EMPI TENS unit. The UR physician noted that the worker's most recent pain rating was 1/10 with mild tenderness to palpation to the right trapezius. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI TENS unit: Upheld

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

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality for neuropathic pain, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post-operative pain in the first 30 days after surgery. There is no documentation that the patient developed neuropathic pain or that a functional restoration program is planned in parallel with TENS. Therefore, the request of EMPI TENS unit is not medically necessary.