

Case Number:	CM14-0206778		
Date Assigned:	12/18/2014	Date of Injury:	03/13/2009
Decision Date:	02/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal 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 (IW) is a 65-year-old woman with a date of injury of March 13, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are strain or tear of the rotator cuff tendon (right shoulder); and AC joint osteoarthritis, primary. The IW underwent manipulation under anesthesia of the right shoulder on November 10, 2008; arthroscopic subacromial decompression, distal clavicle excision and rotator cuff repair of the right shoulder on July 21, 2009; and right shoulder arthroscopy with rotator cuff repair, and lysis of adhesions on February 5, 2013. There were no recent (2014) clinical notes from the treating physician in the medical records submitted for review. According to the utilization review, the IW complains of mild to moderate right shoulder pain. Physical examination of the right shoulder revealed mild tenderness at the coracoid process and bicipital groove. Shoulder range of motion was normal. The IW has a history of prior TENS unit with good results. The IW reports she is not interested in pursuing further treatment at this time aside from the TENS unit. The current request is for physical therapy with two week trial of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 2 week trial of TENS unit, right shoulder: 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. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy with two week trial of TENS unit to the right shoulder is not medically necessary. TENS unit are not supported by high quality medical studies (to the shoulder) but maybe useful in initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers. TENS is not recommended as a primary treatment modality, but a one-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 including medications in use. The criteria for TENS are enumerated in the Official Disability Guidelines. They include, but are not limited to, a one month trial 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; specific short and long-term goals of treatment with the tens unit should be submitted. In this case, the treating physician requested physical therapy for a two-week trial of TENS unit to the right shoulder. A one month trial of the TENS unit should be documented. There is no need for physical therapy with two week trial period of TENS supported by the guidelines. Consequently, although a one month trial period of TENS is appropriate (pursuant to the guidelines) physical therapy for a two-week trial of TENS unit is not clinically indicated. Based on the clinical information in the medical record and a peer-reviewed evidence-based guidelines, physical therapy with two week trial of TENS unit is not medically necessary.