

Case Number:	CM14-0209678		
Date Assigned:	12/22/2014	Date of Injury:	11/06/2007
Decision Date:	02/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66-year-old female who has submitted a claim for internal derangement of the right shoulder and right thoracic outlet syndrome associated with an industrial injury date of 11/6/2007. Medical records from 2014 were reviewed. The patient complained of right shoulder pain aggravated by overhead reaching and heavy lifting. She reported numbness and tingling sensation of the distal right upper extremity. Physical examination of the right shoulder showed normal range of motion, positive muscle spasm and guarding, negative Allen test, supraclavicular swelling, weakness of shoulder abductor, and normoreflexia. Treatment to date has included right shoulder arthroscopic surgical decompression on 12/2012, physical therapy, acupuncture, medications and multiple corticosteroid injections. The current request for a TENS unit is because of no previous trial for electrotherapy. The Han therapy is necessary to release enkephalin, endorphin and dynorphin peptides to provide synergistic analgesic effect for faster, greater, and long-lasting pain relief results. This therapy will be in conjunction with her home exercise program. The short-term treatment goal is to provide pain relief and long-term goal is to provide functional improvement. The utilization review from 12/2/2014 denied the request for transcutaneous electrical nerve stimulation (TENS) unit with HAN and supplies because of no documentation concerning any prior trial of a TENS unit in a clinical setting resulting in measurable objective and functional improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit with HAN and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit; Neuromuscular Electrical Stimulation Page(s): 114-116; 121.

Decision rationale: As stated on pages 114-116 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. Page 121 states that there are no intervention trials suggesting benefit from neuromuscular electric stimulation for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient complained of right shoulder pain aggravated by overhead reaching and heavy lifting. She reported numbness and tingling sensation of the distal right upper extremity. Physical examination of the right shoulder showed normal range of motion, positive muscle spasm and guarding, negative Allen test, supraclavicular swelling, weakness of shoulder abductor, and normoreflexia. Symptoms persisted despite right shoulder arthroscopic surgical decompression on 12/2012, physical therapy, acupuncture, medications and multiple corticosteroid injections. The current request for a TENS unit is because of no previous trial for electrotherapy. The Han therapy is necessary to release enkephalin, endorphin and dynorphin peptides to provide synergistic analgesic effect for faster, greater, and long-lasting pain relief results. This therapy will be in conjunction with her home exercise program. The short-term treatment goal is to provide pain relief and long-term goal is to provide functional improvement. However, the present request as submitted failed to specify the intended duration of treatment period and if the device is for rental or purchase. Therefore, this request is not medically necessary.