

Case Number:	CM14-0215504		
Date Assigned:	01/05/2015	Date of Injury:	05/27/1997
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 63-year-old male who sustained a work related injury on 5/27/1997. Recent documentation indicates that this patient has been having right sided shoulder pain. Diagnoses include: Right shoulder strain with impingement and degenerative joint disease of the right AC joint. On a 12/3/2014 progress note he described the pain as aching and stiffness. Physical exam noted a positive right shoulder apprehension test. Range of motion was decreased due to pain. Prior treatment has included 16 sessions of physical therapy, and medications. A utilization review physician did not certify a request for TENS unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS wires, pads, battery for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period 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; rental would be preferred over purchase during this trial³. Other ongoing pain treatment should also be documented during the trial period including medication usage 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This request was not for the actual TENS unit, but was for supportive materials - wires, pads, battery. The same criteria to receive a TENS unit needs to be met to receive the supporting TENS unit supplies. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. There is no documentation of objective functional improvement. Likewise, this request for TENS unit supplies is not considered medically necessary.