

Case Number:	CM14-0217994		
Date Assigned:	01/07/2015	Date of Injury:	05/09/2011
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 60 year old male, who sustained an industrial injury on 5/9/2011. The current diagnoses are shoulder pain, chronic pain syndrome, and status post left shoulder arthroscopic surgery (8/7/2011). Currently, the injured worker complains of chronic left shoulder pain. Treatment to date has included medication, home exercise program, acupuncture, and surgery. The treating physician is requesting retrospective TENS units for the left shoulder (DOS 12/8/2014), which is now under review. On 12/23/2014, Utilization Review had non-certified a request for retrospective TENS units for the left shoulder (DOS 12/8/2014). The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS (transcutaneous electrical nerve stimulation) unit for the left shoulder (DOS: 12-8-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for neck, shoulder and wrist disorders. Therefore, the prescription of Retrospective TENS is not medically necessary.