

Case Number:	CM15-0004957		
Date Assigned:	01/16/2015	Date of Injury:	11/02/2013
Decision Date:	03/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 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 injured worker is a 44 year old male, who sustained an industrial injury on November 2, 2013. He has reported shoulder pain. The diagnoses have included cervical strain/sprain, cervical spondylosis, right rotator cuff tear, right shoulder arthritis and adhesive capsulitis of right shoulder. Treatment to date has included right shoulder arthroscopy and mini open rotator cuff repair, cortisone injections, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and oral medications. Currently, the Injured Worker complains of shoulder pain. Treatment includes physical therapy, home exercises and oral medications. On December 4, 2014 utilization review non-certified a request for 90 day rental of Transcutaneous Electrical Nerve Stimulation (TENS) unit, noting the evidence based guidelines does not recommend this device. The American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety day rental of a TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM code 64550, Transcutaneous Electrical Neurostimulation (TENS) Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had been using it already for several months.. The advanced request for a TENS unit for 3 months without knowing prior and future monthly response is not medically necessary.