

Case Number:	CM15-0006594		
Date Assigned:	01/26/2015	Date of Injury:	06/26/2012
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 6/26/2012, after a fall. The diagnoses have included right shoulder and thoracic strain/sprain and diabetes. Treatment to date has included conservative measures. A Qualified Medical Evaluation report, dated 11/04/2014, noted recommendation for a magnetic resonance imaging of the right shoulder and transcutaneous electrical nerve stimulation unit, due to complaints of pain in the right side of neck, right upper back, shoulder, arm, and hand. Currently, the injured worker complains of persistent and worsening right shoulder symptoms. Physical exam revealed tenderness to the right shoulder, anteriorly and laterally, with flexion and abduction approximately 130, internal and external rotation 60, abduction 30, and extension 10. Recent diagnostics were not noted. On 1/06/2015, Utilization Review modified a request for transcutaneous electrical nerve stimulation (TENS) unit rental x 8 weeks for thoracic spine to TENS unit rental for one month, citing the MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental X8 Weeks for Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with right shoulder pain. The treater is requesting TENS UNIT RENTAL X8 WEEKS FOR THE THORACIC SPINE. The RFA dated 12/10/2014 shows a request for TENS unit rental, 8 weeks. The patient's date of injury is from 06/26/2012, and her current work status is modified duty. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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. The records do not show a 30-day trial of a TENS unit. The QME report from 12/04/2014 notes, she may also benefit from a TENS unit to help with pain if she is finding this helpful in therapy so that she may be able to learn a home exercise program. In this case, while the patient can benefit from a TENS unit rental to determine its efficacy in terms of functional improvement and pain relief, the requested 8-week rental exceeds the MTUS guidelines. The request IS NOT medically necessary.