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| Case Number: | CM15-0102327 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 11/26/1997 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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: 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 53 year old male, who sustained an industrial injury on 11/26/1997. Diagnoses include right shoulder atrophy and synovitis. Treatment to date has included surgical intervention (right shoulder times 2, and right knee x 3), injections and medications including Dilauded, Soma, Maxalt, Lasix, Xanax, Xifaxan, Cymbalta, Exforge, Ativan, Norco, Nexium, Cyclobenzaprine, Fentanyl, Prednisone, Vitamin D2, Percocet, Montelukast, Ketoprofen, Crestor and Lyrica. Per the Orthopedic Reexamination dated 3/20/2015, the injured worker reported a "pop" in his right shoulder the day prior and increased pain since that time. He rates his pain as 9/10. Physical examination recorded vital signs as temperature 97.8, blood pressure 12/98, pulse 84 and respirations 14. He received arthrocentesis and a Celestone injection at this visit. The plan of care included, and authorization was requested, for a one month trial of a TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic pain involving the right shoulder. This relates back to an industrial injury, a fall, on 11/26/1997. The patient has had 2 right shoulder operations and has loss of strength and loss of ROM. The patient has become opioid dependent. This review addresses a request for a one month trial of a TENS unit. TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. The documentation does not mention these diagnoses. Regarding the one month trial itself, the treating physician's treatment plan needs to include the short-term and long-term treatment goals of the TENS unit. The documentation does not meet these criteria and therefore a trial of TENS is not medically indicated.