

Case Number:	CM15-0105279		
Date Assigned:	06/09/2015	Date of Injury:	09/11/2012
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 49-year-old female who sustained a work related injury September 11, 2012. Past history included s/p right shoulder arthroscopy with subacromial decompression, manipulation and rotator cuff repair, June 4, 2013. According to a neurodiagnostic medical report, dated March 27, 2015, the injured worker had complaints of neck and bilateral upper extremity pain associated with tingling and numbness in the right more than left upper extremity. Physical examination revealed dysesthesia to light touch in the right C6-7 dermatome. Interpretation found an abnormal study. There was evidence of bilateral median sensory neuropathy at the wrist mild to moderate in severity and worse on the left side. According to a primary treating physician's progress report, dated April 24, 2015, the injured worker continues to have persistent neck pain and bilateral shoulder pain; rated 8/10. She describes her pain as aching, deep, with radiation to the top of her head and forehead, associated with headaches and numbness and tingling into the upper extremities. She has started with physical therapy and found heat and TENS unit help with tension and spasms. Diagnoses are bilateral shoulder adhesive capsulitis and clinically consistent cervical radiculopathy. At issue, is the request for authorization for TENS (transcutaneous electrical nerve stimulation) unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

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. It was used for muscle spasms and headaches. Indefinite use is not indicated. The request for a TENS unit purchase is not medically necessary.