

Case Number:	CM15-0109298		
Date Assigned:	06/15/2015	Date of Injury:	05/11/2000
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 68-year-old female, with a reported date of injury of 05/11/2000. The diagnoses include status post right shoulder arthroscopy, left shoulder impingement syndrome/bursitis, and history of gastric ulcer. Treatments to date have included an x-ray of the right shoulder on 04/10/2015 which showed slight narrowing of the acromioclavicular (AC) joint consistent with AC joint arthrosis; The progress report dated 04/02/2015 indicates that since the last visit, the injured worker's symptoms had worsened. She had been experiencing increased pain in her right shoulder for two months. The pain radiated to her right upper back and into her bicep. The injured worker stated that her pain had affected her ability to perform activities of daily living, and her self-hygiene. An examination of the right shoulder showed a well-healed arthroscopic portal incision, tenderness over the anterolateral aspect of the shoulder, passive forward flexion at 160 degrees, positive impingement sing, pain and slight weakness shown when testing the supraspinatus tendon against resistance, abduction and external rotation at 80 degrees, and internal rotation to the iliac crest with pain. The injured worker was given a cortisone injection to her right shoulder on the day of the visit. The treating physician requested a TENS (transcutaneous electrical nerve stimulation) unit as an addition for pain management. It was noted that the injured worker previously had a TENS unit many years ago which was broken. She could not tolerate oral pain medication or anti-inflammatory medications due to gastric upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

Decision rationale: Per the guidelines, a TENS or inferential 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, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.