

Case Number:	CM15-0139383		
Date Assigned:	07/29/2015	Date of Injury:	11/04/2013
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/17/2015

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: Preventive Medicine, Occupational 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 55 year old female with an industrial injury dated 11/04/2013. Her diagnoses included status post right shoulder arthroscopy for rotator cuff tear and subacromial decompression, healed with residuals and chronic cervical spine pain status post cervical fusion at cervical 3 through cervical 6-7. Prior treatments included physical therapy, injections and medications. She presented on 05/22/2015 with pain in her right shoulder post-surgery on 11/04/2014. She had 12 visits of physical therapy but did not have a significant reduction in pain and continues to have difficulty with range of motion and strength deficits. She states pain radiates down both upper extremities from her neck as well as pain to her shoulder. Physical examination of the cervical spine revealed pain throughout cervical 3-4 down to cervical 5-6. Neer's test and impingement test were positive along with severe pain in the subacromial area. The treatment plan included TENS unit, physical therapy, medications and MRI. The treatment request is for TENS 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: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. Specifically, there should be documentation of a trial with TENS that provides both pain relief and increase in function. Although the available documentation states that the injured worker received 40% pain relief with the prior use of TENS but there is no mention of change in function, there is also no specific short and long term goals with the use of TENS described. The request for TENs unit for purchase is determined to not be medically necessary.