

Case Number:	CM15-0141093		
Date Assigned:	07/30/2015	Date of Injury:	06/30/2004
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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:

This 60-year-old male sustained an industrial injury on 6-30-04. He subsequently reported left elbow, forearm and shoulder pain. Diagnoses include rotator cuff tear of the left shoulder, left elbow tendonitis and left forearm tendonitis. Treatments to date include prescription pain medications. The injured continues to experience left shoulder pain, clicking, decreased strength, decreased motion and stiffness. Examination of the left shoulder revealed reduced range of motion. There was tenderness noted at the glenohumeral joint and over the anterolateral border of the acromion. Impingement and Neer testing were positive. The treating physician made a request for TENS Unit for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

Decision rationale: The requested TENS Unit for the left shoulder is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has left shoulder pain, clicking, decreased strength, decreased motion and stiffness. Examination of the left shoulder revealed reduced range of motion. There was tenderness noted at the glenohumeral joint and over the anterolateral border of the acromion. Impingement and Neer testing were positive. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS Unit for the left shoulder is not medically necessary.