MAXIMUS Federal Services

Case Number:	CM15-0141983		
Date Assigned:	07/31/2015	Date of Injury:	12/03/2013
Decision Date:	08/28/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on 12-3-2013. She reported neck and right shoulder pain due to lifting heavy boxes. Diagnoses have included right shoulder pain, history of rotator cuff tendinosis and chronic pain syndrome. Treatment to date has included physical therapy, steroid injection, shoulder surgery and medication. According to the progress report dated 7-6-2015, the injured worker complained of right shoulder pain. She described the pain as aching. She reported using a transcutaneous electrical nerve stimulation (TENS) unit in physical therapy and felt that it helped relieve the pain. She rated her pain as two out of ten with medications and four out of ten without medications. Exam of the right shoulder revealed tenderness anteriorly. Authorization was requested for a 30 day transcutaneous electrical nerve stimulation (TENS) unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME 30 Days TENS Unit Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered for this 2013 injury. The DME 30 Days TENS Unit Trial is not medically necessary and appropriate.