

Case Number:	CM15-0146720		
Date Assigned:	08/07/2015	Date of Injury:	05/18/2014
Decision Date:	09/03/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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 67 year old male who sustained an industrial injury on 5-18-14. He had complaints of left shoulder pain. Diagnosed with sprain and strain of left shoulder with rotator cuff tear. Diagnostic studies include: x-ray and MRI. Treatments include: medication, physical therapy, injections, TENS unit and surgery. Most recent progress report dated 9-9-14 reports continued complaints of intermittent left shoulder pain, rated 5 out of 10. He has weakness in his left arm and is unable to sleep on his left shoulder. The pain increases with reaching overhead, sleeping on his back and with arms out to the side. The pain is made better with over the counter Advil, hot showers and ice packs. Diagnoses include: left shoulder impingement, rotator cuff sprain, and bicipital tendinitis with complete tear of supraspinatus tendon with retraction and type II acromion. Plan of care includes: discussed injection and he would like to avoid injection as it only gave temporary relief, request left shoulder arthroscopy with rotator cuff repair, pre-op clearance, polar-care 21 day rental, immobilizer, medications include amoxicillin, Zofran, and Neurontin. Request hot and cold compression garment and replacement of TENS unit. Work status: can perform his old job duties. Follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Lead TENS Unit, Conductive Garment for the Left Shoulder: Upheld

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

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 chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive 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. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The Four Lead TENS Unit, Conductive Garment for the Left Shoulder is not medically necessary and appropriate.