

Case Number:	CM15-0161027		
Date Assigned:	08/27/2015	Date of Injury:	02/07/2013
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 55 year old female, who sustained an industrial injury on February 7, 2013. She reported injury to her bilateral knees, bilateral arms, nose and forehead after a fall. The injured worker was currently diagnosed as status post left shoulder arthroscopic surgery. Treatment to date has included diagnostic studies, work restrictions, surgery, physical therapy, acupuncture and left shoulder injections. She was noted to feel improved with conservative intervention. Notes stated that she regained significantly more range of motion with physical therapy post-surgery. On July 21, 2015, the injured worker complained of left shoulder pain rated as a 5-8 on a 1-10 pain scale, left hand and wrist pain rated as an 8-9, left elbow pain rated a 6-7 and left knee pain rated a 4 on the pain scale. The treatment plan included acupuncture treatment at two times per week for four weeks, an MRI of the left shoulder and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A request was made for a TENS unit thirty day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit, 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 116.

Decision rationale: The current request is for a TENS Unit, 30 day trial. Treatment to date has included diagnostic studies, work restrictions, surgery, physical therapy, acupuncture and left shoulder injections. The patient is TTD. MTUS Guidelines, TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. According to Doctor's First report dated 07/21/15, the patient complained of left shoulder pain, left hand, wrist/elbow, and knee pain. The date of the patient's prior shoulder surgery was not indicated. Examination findings include positive Apprehension, Impingement, Cozen's and Tinel's test. There was decreased ROM in the cervical and lumbar spine, as well as the left shoulder, and wrist. The treatment plan included acupuncture treatment, an MRI of the left shoulder and a TENS unit. The treater recommends the trial TENS unit for home and workplace use to reduce pain, swelling, and inflammation, and as an adjunctive therapy to facilitate range of motion and active range of motion. MTUS allows for a 1-month home-based trial for specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. The patient suffers from wrist pain with positive Tinel's which may indicate neuropathy. For this patient, a 30 day trial utilizing a TENS unit is indicated by MTUS. This request is medically necessary.