MAXIMUS Federal Services

Case Number:	CM15-0163571		
Date Assigned:	08/31/2015	Date of Injury:	08/22/2013
Decision Date:	09/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male who sustained an industrial injury on 08-22-2013. Mechanism of injury was not found in documents presented for review. Diagnoses include right shoulder internal derangement. Treatment to date has included diagnostic studies, medications, acupuncture, injections and physical therapy per UR. He continues to work. Medication includes Meloxicam. There is documentation a Magnetic Resonance Imaging of the right shoulder was done but was not found in documents presented for review. A physician progress note dated 07-29-2015 documents the injured worker complains of right shoulder pain. On examination, light touch sensation is intact. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for transcutaneous electrical nerve stimulation (TENS) unit extended rental for 6 months for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit extended rental for 6 months for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for right shoulder pain. On 04/01/15, continued home electrical stimulation is referenced. On 05/06/15, there was decreased right lateral shoulder, right second finger, right dorsal thumb, and right fifth finger sensation. There was a pending chronic pain management follow-up appointment. Continued use of a home electrical stimulator was recommended. A one month trial of use of a TENS unit is an option when conservative treatments fail to control pain adequately. Criteria for continued use include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for more than one month is not cost effective and not necessary to determine its efficacy. The request is not medically necessary.