

Case Number:	CM15-0164319		
Date Assigned:	09/01/2015	Date of Injury:	12/04/2013
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 12-4-13. The mechanism of injury was unclear. On physical exam (4-9-15), there was minimal tenderness to palpation in the subdeltoid region. Diagnoses include left shoulder rotator cuff rupture, status post arthroscopic left rotator cuff repair (2-25-15); left shoulder impingement syndrome; left bicipital tenosynovitis. Treatments to date include physical therapy (per physical therapy note dated 8-3-15 the injured worker has had 34 sessions following her rotator cuff repair and reports difficulty elevating her arm above shoulder level and with lifting items such as pots and pans; sling. Diagnostics included MRI of the left shoulder (11-24-14) showing bursitis, partial thickness interstitial tearing; x-ray of the left shoulder (4-9-15) normal. On 6-29-15, the treating provider requested a transcutaneous electrical nerve stimulator unit for purchase. Physical therapy notes (4-21-15) prior to 6-29-15 do not indicate that transcutaneous electrical nerve stimulator unit was tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, purchase, Left shoulder per 6/29/15 order Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was a request for TENS. Trial of this unit seems appropriate if not already trialed and failed. However, upon review of the provided notes, there is no recent record of having tried TENS as a rental before consideration of a purchase could be made, in order to follow the recommendations of the Guidelines. Therefore, the request for TENS purchase for the left shoulder is not medically necessary as it is submitted.