

Case Number:	CM15-0180772		
Date Assigned:	09/22/2015	Date of Injury:	01/03/2014
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 62 year old male, who sustained an industrial injury on 1-3-14. The injured worker is being treated for severe impingement syndrome of right shoulder with possible rotator cuff tear and adhesive capsulitis and lumbosacral strain-sprain. Treatment to date has included nerve block, transcutaneous electrical nerve stimulation (TENS) unit (which provided relief), oral medications including Norco, Naproxen, Ambien and topical Salonpas; and activity modifications. On 8-6-15, the injured worker complains of right shoulder pain and tightness and low back pain radiating into buttocks. He is currently not working. Physical exam performed on 8-6-15 revealed trace deep tendon reflex of bilateral Achilles, tenderness of left sacroiliac joint and right shoulder restricted range of motion with tenderness at the rotator cuff. The treatment plan included request for physical therapy of right shoulder, transcutaneous electrical nerve stimulation (TENS) unit, prescriptions for Norco, Naproxen and Salonpas and request for left sacroiliac joint injection. On 9-1-15 a request for transcutaneous electrical nerve stimulation (TENS) unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Home Use (Unspecified if for Purchase or Rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with right shoulder pain with tightness and low back pain into buttocks. The request is for TENS unit for home use (unspecified if for purchase or rental). The request for authorization is not provided. The patient status post right shoulder arthroscopy, SAD/ RCR, 10/08/14. MR Arthrogram of the right shoulder, 06/01/15, shows status post resection of the distal clavicle and acromioplasty; status post supraspinatus repair with single anchor, repair is thin but appears to be intact; status post tenotomy and tenodesis of the biceps tendon. Physical examination of the right shoulder reveals tender rotator cuff footprint, painful range of motion. Exam of lumbar spine reveals tender left SI joint. Straight leg raise on left causes LBP, positive Patrick's and thigh compression on left, positive Hibbs. Patient had S1 nerve block with no benefit. Patient's medications include Norco, Naproxen, Salonpas, and Ambien. Per progress report dated 08/06/15, the patient is to remain off work. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per progress report dated 08/06/15, treater's reason for the request is "Tried a TENS unit w/ relief." Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, treater only makes a general statement of "relief" with use of the TENS unit. Treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical back and shoulder pain. Therefore, the request is not medically necessary.