

Case Number:	CM15-0184814		
Date Assigned:	09/25/2015	Date of Injury:	12/18/2012
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old female, who sustained an industrial injury on December 18, 2012. The injured worker was diagnosed as having bicipital tenosynovitis, rotator cuff syndrome with bursitis, carpal tunnel syndrome, and chronic pain syndrome. Treatment and diagnostic studies to date has included physical therapy, use of ice, and medication regimen. In a progress note dated July 16, 2015 the treating physician reports complaints of sharp, shooting, aching pain to the left shoulder and right wrist along with numbness, tingling, spasms, and weakness. Examination performed on July 16, 2015 was revealing for crepitus with passive range of motion to the right wrist and the left shoulder, tenderness to the right ulnar wrist joint, trigger points to the upper trapezius, mid-trapezius, sternocleidomastoid, splenius capitis, and deltoid muscles bilaterally, decreased motor strength to the right elbow and the left shoulder, decreased sensation to digit one and digit three to the right hand, positive Adson's testing, positive Hawkin's testing, and positive Speed's testing to the bilateral shoulder, and positive Tinel's testing and Finklestein's testing to the bilateral elbows, hands, and wrists. On July 16, 2015, the injured worker's pain level was rated a 5 out of 10 at its worst and rated the pain level a 3.5 out of 10 at its best. On July 16, 2015 the treating physician requested a transcutaneous electrical nerve stimulation unit "to target the musculature surrounding the left shoulder and as well as with the intention to reduce her levels of pain as electrical stimulation machine is formulated for pain reduction. The goal is also to reduce swelling and thereby improving circulation to the shoulder." On August 21, 2015, the Utilization Review determined the request for a transcutaneous electrical nerve stimulation unit and supplies for rental or purchase to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. CA MTUS/ACOEM is silent specifically on the issue of E-stim for the shoulder. Per the ODG, Shoulder, electrical stimulation, "Not recommended. For several physical therapy interventions and indications (e.g., thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy." In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 7/16/15 to warrant a TENS unit. There is no documentation of a positive response from a one-month trial period as laid out in the guidelines. Therefore, the determination is not medically necessary.