

Case Number:	CM15-0199445		
Date Assigned:	10/14/2015	Date of Injury:	05/27/2015
Decision Date:	11/25/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency Medicine

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 56 year old female who sustained an industrial injury on 05/27/2015. Medical records indicated the worker was treated for left shoulder pain and rotator cuff sprain. In the provider notes of 07-13-2015, the injured worker complains of upper trapezius and anterior shoulder pain that is exacerbated by shoulder level and above pushing, pulling, reaching and lifting. MRI of the left shoulder (07-27-2015) noted significant tendinopathy of the rotator cuff with no full thickness tear, glenohumeral capsulitis, significant acromioclavicular joint degeneration, and a narrow subacromial outlet associated with mild bursitis. Possible arthroscopic rotator cuff repair and debridement of a moderate partial thickness rotator cuff tear and a distal clavicle resection for her moderate to severe acromioclavicular joint arthrosis was discussed with the worker on 07-30-2015. Physical therapy for the shoulder was approved on 08-10-2015. Treatment to date (09-14-2015) has included physical therapy, medication management, and activity modifications. On 09-14-2015, she continues to complain of painful restricted range of motion in the left shoulder. Objective findings 09-14-2015 note that she has 140 degrees of abduction, 130 degrees of forward flexion, and 60 degrees of external rotation. She has no pain with resisted abduction and forward flexion. She has no upper trapezial tenderness. There is no record of a trial of transcutaneous electrical nerve stimulation (TENS) unit. As of 09-14-2015, the worker was to remain off work for an indeterminate time, and at least until 12/01/2015. A request for authorization was submitted 09-17-2015 for: GSM HD combo TENS, with HAN electrodes 8 HRS per MO, batteries AAA utilization review decision 09/26/2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD combo TENS, with HAN electrodes 8 HRS per MO, batteries AA: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet single criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of shoulder and muscular skeletal pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.