

Case Number:	CM15-0199845		
Date Assigned:	10/15/2015	Date of Injury:	02/08/2006
Decision Date:	11/25/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/12/2015

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 51 year old male, who sustained an industrial injury on 2-8-2006. Medical records indicate the worker is undergoing treatment for recalcitrant right shoulder rotator cuff tear. A recent progress report dated 8-24-2015, reported the injured worker complained of right shoulder pain and has been scheduled for a right shoulder arthroscopy in October 2015. Physical examination revealed positive impingement test, Speed's test and drop-arm test. Treatment to date has included physical therapy and medication management. The physician is requesting TENS (transcutaneous electrical nerve stimulation) unit and supplies-1 month rental-purchase and 4 weeks rental for a cooling system unit. On 9-2-2015, the Utilization Review noncertified the request for TENS (transcutaneous electrical nerve stimulation) unit and supplies-1month rental-purchase and 4 weeks rental for a cooling system unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit/supplies (1 month unit rental/purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS.

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS may be considered only for neuropathic pain and CRPS related pain. Treatment for other pains is not supported by evidence. This request is for post-operative or musculoskeletal shoulder pain. This does not meet MTUS guidelines criteria. Therefore, the request is not medically necessary.

Cooling system unit (4 weeks rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Continuous-Flow Cryotherapy.

Decision rationale: As per Official Disability Guide (ODG), continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. ODG only recommends up to 7days of use. This request is for 28 days, which does not meet guidelines. "Cooling system" for 4 weeks is not medically necessary.