

Case Number:	CM15-0204633		
Date Assigned:	10/21/2015	Date of Injury:	08/26/2015
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 46 year old male who sustained an industrial injury August 26, 2015. While working on the street, he was hit by a motorcycle in the left hand, left lower leg and right shoulder. According to an initial complex orthopedic evaluation dated September 11, 2015, the injured worker presented with complaints of pain in the right shoulder, left hand, right chest and upper back. He was treated with anti-inflammatory medication and sent back to work full duty. He is unable to perform his usual and customary duties without significant pain. The physician documented he reviewed x-rays the injured worker brought and did not see any rib fractures. A CT scan does not show any abnormalities but he is waiting a reading from the radiologist. Physical examination revealed; right ribs- tenderness over the right ribcage area; right shoulder-tenderness over the parascapular region, positive Neer's and Hawkin's test, resisted abduction strength is 4 out of 5; thoracic and lumbar spine- gait and posture are within normal limits; positive tenderness thoracic region; walks on heels and tiptoes without difficulty; negative straight leg raise bilaterally in the supine and seated position. Assessment is documented as chest contusion; right shoulder contusion; right shoulder rotator cuff tendinitis-impingement syndrome; thoracic spine contusion. At issue, is a request for authorization dated September 18, 2015 for a TENS (transcutaneous electrical nerve stimulation) unit. According to utilization review dated September 25, 2015, the request for a TENS unit for the right shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the right shoulder: 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: 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, include 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, although it was warranted to consider TENS as an add-on treatment modality in addition to medications and physical therapy, it was not appropriate to request a purchase of the unit as there has not been any successful trial documented for review. Therefore, this request at this time will be considered medically unnecessary until this can be provided for review.