

Case Number:	CM15-0208439		
Date Assigned:	10/28/2015	Date of Injury:	11/21/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina
 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 38 year old male, who sustained an industrial injury on 11-21-2013. The injured worker was diagnosed as having status post right shoulder rotator cuff repair with tendinosis and partial thickness tear of the supraspinatus. Treatment to date has included diagnostics, right shoulder surgery 4-2014, physical therapy, chiropractic, acupuncture, cortisone injections, and medications. On 6-02-2015, the injured worker complains of right shoulder pain, rated 8 out of 10 (rated 3 out of 10, 8 out of 10 with flares on 7-16-2015). Magnetic resonance arthrogram was documented as positive for partial rotator cuff tear and he was to be referred to orthopedics. "Mild" and "improved" functional change was noted since last examination, not specified. He was left hand dominant. Exam noted guarding of the right upper extremity. Work status on 6-02-2015 was documented "return to full duty". The treating provider checked that he was "not taking medication". The use of a transcutaneous electrical nerve stimulation unit was not described on 6-02-2015 or 7-16-2015. On 10-13-2015 Utilization Review non-certified the request for one month home based trial of transcutaneous electrical nerve stimulation unit with supplies for DOS 7-03-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective One month home based trial of Neurostimulator TENS EMS with supplies (DOS 07/03/2015): Overturned

Claims Administrator 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 Chapter (Online Version).

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. The request is for a 30 day trial and will be used as an adjunct to other treatment. Therefore the request Is medically necessary.