

Case Number:	CM15-0208970		
Date Assigned:	10/27/2015	Date of Injury:	06/12/2015
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 50 year old male, who sustained an industrial injury on 6-12-16. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-16-15 are on a "Doctor's First Report of Occupational Injury or Illness" form and indicated the injured worker presents to this office for evaluation and treatment after requesting change in treating physician. He complains of right shoulder pain associated with limited range of motion and weakness. He complains of "sleeping difficulties secondary to chronic pain and disability". He denies neck pain. On physical examination of the left shoulder, the provider notes "Inspection reveals well-healed surgical scars reflective of rotator cuff repair surgery in 2013. Otherwise, there is no evidence of swelling, atrophy, or deformity. The shoulder girdles are level, and scapular winging is not present. Tenderness to palpation with muscle guarding is present over the upper trapezius muscle, periscapular muscle, and distal muscle. Tenderness to further palpation is present over the subacromial region, supraspinatus tendon, and acromioclavicular joint. Subacromial crepitus is noted with passive ranging. Impingement test is positive. Cross arm test is positive for increased pain in the acromioclavicular joint. Yergason's test and apprehension test are negative. Range of motion of the right shoulder is measured, by goniometer. The patient demonstrates grade 4 out of 5 muscle weakness in all six planes. Otherwise, neurovascular status of the upper right extremity is intact." The injured worker reports he had x-rays done but they are not available on this date. The treatment plan included a prescription for Ultram and is requesting a diagnostic ultrasound study of the right shoulder to evaluate internal derangement. He is also requesting acupuncture

and a home interferential stimulation unit to help alleviate muscle pain and spasm. These notes do document the injured worker has 12 sessions of physical therapy providing no benefit. A Request for Authorization is dated 10-23-15. A Utilization Review letter is dated 9-29-15 and non-certification for Home Interferential Stimulation Unit. A request for authorization has been received for Home Interferential Stimulation Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the guidelines, a TENS or inferential unit is 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. 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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The request for a home inferential stimulation unit is not medically necessary.