

Case Number:	CM15-0217397		
Date Assigned:	11/09/2015	Date of Injury:	02/11/2008
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 62 year old male, who sustained a vocational injury on 2-11-2008. He reports left shoulder pain. The progress notes dated 4-8-2015 revealed, on exam tenderness and spasm. Left shoulder continues to show impingement with weakness and decreased range of motion. Surgery was performed on 8-5-2015 consisting of: AC joint decompression, subacromial decompression, biceps tenolysis, labral debridement, and rotator cuff debridement to the left shoulder. The injured worker was diagnosed as having status post left shoulder arthroscopy, sprain of left rotator cuff capsule and impingement syndrome of left shoulder. In addition to surgery, treatments to date have included physical therapy, massage therapy, electrical stimulation and medications. Currently, the injured worker complains of left shoulder pain and limited range of motion. Per progress notes dated 10-6-2015, "the exam revealed mild impingement in the left shoulder. Left shoulder range of motion is approximately 80 percent of normal. There is slight weakness of external rotation and abduction. There is also some tenderness and spasm in the posterior shoulder girdle muscles. It was noted that transcutaneous electrical neurostimulation TENS unit seemed to decrease his pain during post op physical therapy". The treatment plan is for a transcutaneous electrical neurostimulation (TENS) unit, and 12 additional visits of physical therapy. The UR decision, dated 10-28-2015, denied a transcutaneous electrical neurostimulation (TENS) unit. The request for authorization, dated 11-3-2015, is for a transcutaneous electrical neurostimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective TENS unit, supply package 2 month rental for left shoulder: 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 TENS unit is not medically necessary or substantiated.