

Case Number:	CM15-0041842		
Date Assigned:	03/11/2015	Date of Injury:	02/05/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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
 Certification(s)/Specialty: Internal 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 45-year-old male, who sustained an industrial injury on 2/05/2013. Diagnoses include status post left shoulder surgery. Treatment to date has included shoulder surgery (undated), and diagnostics including EMG (electromyography) of the upper limb (2/04/2015). Per the Orthopedic Progress Report, dated 1/28/2015, the injured worker reported left shoulder pain rated as 8/10 and wrist pain rated as 5-6/10. Pain travels from the shoulder to the wrist and into the left forearm. Physical examination revealed limited range of motion of the wrist and shoulder due to pain, 75% of normal. Pain is noted on end range of motion of the shoulder on flexion, internal rotation and abduction along with adduction. He is temporarily totally disabled. The plan of care included, and authorization was requested on 1/28/2015, for magnetic resonance imaging (MRI) left shoulder and TENS unit left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for Left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation for a trial of this modality for this particular injury. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.