

Case Number:	CM15-0050577		
Date Assigned:	03/24/2015	Date of Injury:	10/04/2004
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on October 4, 2004. He has reported a right shoulder injury and right knee injury and has been diagnosed with full thickness rotator cuff tear, right shoulder, right shoulder status post arthroscopy with rotator cuff repair, full thickness rotator cuff tear, left shoulder, status post left shoulder arthroscopy and rotator cuff repair, medial meniscus tear, left knee with chondromalacia, and lumbar strain with weakness in bilateral lower extremities with MRI evidence of lumbar disc disease throughout the lumbar spine. Treatment has included surgery, medications, and physical therapy. Progress report dated March 5, 2009 noted the injured worker to have full flexion of the right knee and full extension and mild tenderness to palpation medial joint line. The treatment request included TENS unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Neuropathic pain, postoperative pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

Decision rationale: Based on the 01/29/15 sole progress report provided by treating physician, the patient presents with lumbar spine pain. The request is for TENS UNIT (PURCHASE). Patient is status post left shoulder arthroscopy and rotator cuff repair, date unspecified. Patient's diagnosis per Request for Authorization form dated 02/17/15 includes radiculopathy, spondylolisthesis and sciatica. Per progress report dated 01/29/15, treater states "on physical examination, the back shows no listing. The patient has a normal gait." Patient medications included Voltaren. Patient had physical therapy and is on home exercise program. The patient is permanent and stationary. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 01/29/15, treater states "the patient previously used TENS unit during therapy and was helpful after therapy. We recommend he use a TENS unit at home to help manage his pain and other symptoms along with his home exercise program." There is no documentation of how often the unit was used, pain relief or goals. MTUS requires documentation of one month prior to dispensing home units. Furthermore, treater has not indicated what body part would be treated, and the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with back musculoskeletal and shoulder pain. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.