

Case Number:	CM15-0050728		
Date Assigned:	03/24/2015	Date of Injury:	10/17/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male who sustained an industrial injury on October 17, 2012. He has reported injury to the right shoulder and has been diagnosed with biceps tendon tear long head of the biceps; s/o tenodesis, SLAP tear of the shoulder right, impingement syndrome of the right shoulder, and calcific tendinitis of the right shoulder. Treatment has included medication, heat, ice, home exercise program, massage therapy, and physical therapy. Currently the injured worker complains of pain to the right shoulder that was described as aching and burning in his right biceps. There was numbness over the ulnar distribution of his right upper extremity. The treatment request included a TENS unit 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: With respect to chronic pain and according to the MTUS, TENS is not recommended as a primary treatment modality. 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 conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case the patient may benefit from TENS therapy, however, given that the modality is not specifically recommended for pain of the nature seen in this case, a clear outline of both short and long term goals must be established in order to facilitate decision-making for continuation vs. discontinuation of therapy after the 30 day trial. This level of planning has not been established per the provided records. At this time and based on the provided records, the request for TENS trial cannot be considered medically necessary, although with more complete planning it may be an appropriate option for further consideration. Therefore, the request for TENS unit, 30 day trial is not medically necessary.