

Case Number:	CM15-0052057		
Date Assigned:	03/25/2015	Date of Injury:	05/23/2004
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old male with a reported date of injury of 5/23/04 relative to a slip and fall. Past surgical history was positive for knee, hernia, and multiple spinal surgeries. The 7/11/14 right shoulder MR arthrogram showed severe rotator cuff tendinosis, severe glenohumeral joint osteoarthritis with marked labral maceration and fraying with abnormal posterior translation of the humeral head associated with probable partial tears of the subscapularis, supraspinatus, and infraspinatus tendons. The 1/27/15 orthopedic reported cited position dependent right shoulder pain and inability to raise the arm overhead. He had popping and catching sensations with movement. There was pain at night and with activities of daily living. Physical exam documented decreased range of motion with moderate pain and crepitus, moderate anterior and mild anterior pain, mild acromioclavicular joint pain, 4/5 rotator cuff strength, positive impingement sign, and some atrophy in the supraspinatus fossa. Right shoulder x-rays showed severe osteoarthritis with concentric wear. The treatment plan recommended total shoulder replacement with multiple associated surgical request, including use of a TENS unit for post-operative pain. The 3/4/15 utilization review modified the request for purchase of a TENS unit to a 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 Purchase QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. The 3/4/15 utilization review modified the request for TENS unit purchase for post-operative use to a 30-day trial. There is no compelling rationale to support the medical necessity of TENS use beyond 30 days. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. Therefore, this request is not medically necessary.