

Case Number:	CM15-0055485		
Date Assigned:	03/30/2015	Date of Injury:	04/26/2011
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/23/2015

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 64 year old male injured worker suffered an industrial injury on 04/26/2011. The diagnoses included impingement syndrome with partial rotator cuff tear and depression. The diagnostics included right shoulder magnetic resonance imaging, and electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications, TENS, physical therapy, and ulnar nerve release and injections to the right shoulder. On 3/3/2015 the treating provider reported numbness along the fingers on the right side with tenderness along the rotator cuff with a mild impingement. The treatment plan included TENS unit, right shoulder/wrist and Garment for TENS unit, right shoulder/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, right shoulder/wrist, per 03/03/15 order Qty: 1.00: Upheld

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

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

Decision rationale: The 64 year old patient presents with bilateral shoulder and right elbow pain. The request is for TENS UNIT, RIGHT SHOULDER WRIST, PER 03/03/15 ORDER QTY:1. The RFA provided is dated 03/03/15 and the patient's date of injury is 04/26/11. The patient has a diagnoses of impingement syndrome with partial rotator cuff tear and depression. Treatment to date has included medications, TENS, physical therapy, and ulnar nerve release and injections to the right shoulder. MRI of the right shoulder reviewed on 03/03/15, documented partial tear of rotator cuff. The NCS also reviewed on 03/03/15 documented some persistent ulnar nerve irritation bilaterally. The patient is not currently working. Per MTUS Chronic Pain Management Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. Per 03/03/15 report, treater states, "Kindly authorize a larger TENS unit with garment E0730 and E0731." Per same report the treater states, "The patient has access to a two-lead TENS unit, one for stronger one. He is minimizing his chores." In this case, the provided medical reports do not discuss prior use of TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. Although the patient presents with shoulder and wrist pain, there is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit IS NOT medically necessary.

Garment for TENS unit, right shoulder/wrist, per 03/03/15 order Qty: 1.00: Upheld

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

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

Decision rationale: The 64 year old patient presents with bilateral shoulder and right elbow pain. The request is for GARMENT FOR TENS UNIT RIGHT SHOULDER/WRIST, PER 03/03/15 ORDER QTY:1. The RFA provided is dated 03/03/15 and the patient's date of injury is 04/26/11. The patient has a diagnoses of impingement syndrome with partial rotator cuff tear and depression. Treatment to date has included medications, TENS, physical therapy, and ulnar nerve release and injections to the right shoulder. MRI of the right shoulder reviewed on 03/03/15, documented partial tear of rotator cuff. The nerve conduction study (NCS) also reviewed on 03/03/15 documented some persistent ulnar nerve irritation bilaterally. The patient is not currently working. Per MTUS Chronic Pain Management Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. Per 03/03/15 report, treater states, "Kindly authorize a larger TENS unit with garment E0730 and E0731." The request for the TENS unit was denied. Therefore, garments for the TENS unit IS denied. This request IS NOT medically necessary.