

Case Number:	CM15-0082663		
Date Assigned:	05/05/2015	Date of Injury:	04/18/2011
Decision Date:	06/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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, Hawaii
 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 60-year-old male who sustained a work related injury April 18, 2011. He fell from a ladder 8-10 feet, landing on his right shoulder, and hitting his head. Past history included two right shoulder surgeries with axillary nerve injury, left anterior cruciate ligament tear, and ulcerative colitis. According to a pain management physician's follow-up report, dated April 15, 2015, the injured worker presented with right shoulder blade pain, rated 2/10. He has noted an improvement since taking Cymbalta for his pain. He remains active with yoga, swimming, and takes Butrans patches, Xanax as needed, and marijuana vapor. Diagnoses are neuropathic pain; myofascial pain; chronic pain, right shoulder. Treatment plan included a request for a 30 day trial of TENS unit rental with (2) electrode pads for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of TENS unit rental with 2 electrode pads for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has chronic right shoulder pain. The current request is for a 30 day trial of TENS unit rental with two electrode pads for the right shoulder. MTUS guidelines indicate a one-month home-based trial may be considered as a non-invasive conservative option for neuropathic pain and CRPS. In this case, the attending physician feels that the patient's post-surgical pain may be related to neuropathic pain such as CRPS. According to the 4/15/15 attending physician report, the patient is interested in weaning off Butrans. The attending physician has requested a one-month trial of TENS for this purpose of weaning the patient from Butrans. NSAIDS were precluded due to a history of GI ulcers. The MTUS Guidelines do support a trial of TENS for neuropathic pain. The request appears reasonable and consistent with MTUS. Recommendation is medically necessary.