

Case Number:	CM15-0086171		
Date Assigned:	05/08/2015	Date of Injury:	06/16/2013
Decision Date:	06/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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 63-year-old male, who sustained an industrial injury on June 16, 2013. He reported a left shoulder injury. The injured worker was diagnosed as having cervical spine radiculopathy, cervical spine disc protrusion; status post left shoulder surgery with rotator cuff tendinopathy, and adhesive capsulitis of the left shoulder. Diagnostic studies to date have included an MRI performed on August 20, 2014. Treatment to date has included work modifications, physical therapy, and medications including pain and non-steroidal anti-inflammatory. On April 1, 2015, the injured worker complains of left shoulder and neck pain on most days. Physical therapy was not helpful. The physical exam revealed decreased cervical range of motion with spasm and decreased shoulder range of motion. Due to the injured worker having renal failure medications were not prescribed. The treatment plan includes a transcutaneous electrical nerve stimulation (TENS) unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 113-114.

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

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with neck and left shoulder pain. The patient is status post left shoulder surgery with rotator cuff tendinopathy, date unspecified. The request is for tens unit with supplies. Patient's diagnosis per Request for Authorization form dated 04/01/15 includes cervical spine radiculopathy. Diagnosis on 04/15/15 included cervical spine disc protrusion and left shoulder adhesive capsulitis. Physical examination on 04/01/15 revealed decreased range of motion to the cervical spine and left shoulder. Treatment to date has included physical therapy, and medications. Patient's medications include Ultram and Naprosyn, per 11/20/14 report. The patient may return to modified work duty, per 04/15/15 progress report. Treatment reports were provided from 08/21/14 - 04/15/15. 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." In this case, the patient presents with radiculopathy for which the use of TENS unit would appear to be indicated. However, treater has not provided medical rationale for the request, nor indicated what body part would be addressed, since the patient also has left shoulder pain, which is not an indication for TENS. Furthermore, MTUS requires documentation of one-month use prior to dispensing home units, to include discussion of how often the unit was used, pain relief and goals during the one-month trial. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.