

Case Number:	CM15-0243376		
Date Assigned:	12/22/2015	Date of Injury:	06/25/2014
Decision Date:	01/25/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/14/2015

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: Emergency 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 67 year old male, who sustained an industrial injury on 6-25-14. Current diagnoses or physician impression includes cervical spine myofascial sprain and strain and right shoulder bursitis. His work status is full duty; permanent and stationary. Notes dated 9-30-15 and 11-4-15 reveals the injured worker presented with complaints of constant right shoulder pain described as dull and aching rated at 2-4 out of 10. The pain is increased with exercise and reaching with the right upper extremity. He reports he limits physical exercise and recreational activities. Physical examinations dated 9-30-15 and 11-4-15 revealed anterior right shoulder tenderness. There is tenderness in the acromioclavicular joint and bicipital tendon in the scapular region. The right shoulder range of motion is within normal limits; however, it is painful. There is tenderness in the cervical spine and paraspinal muscles with minimal stiffness. The cervical spine range of motion is within normal limits; however it is painful. Treatment to date has included home exercise program, which provided moderate relief; cold packs provided moderate relief; physical therapy was helpful; acupuncture and cortisone injection was not beneficial, per note dated 9-30-15. Diagnostic studies include right shoulder MRI and a urine toxicology screen. A request for authorization dated 9-30-15 for TENS unit purchase for the cervical spine and right shoulder is denied, per Utilization Review letter dated 11-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase, cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested TENS unit purchase, cervical spine and right shoulder, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but 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." The injured worker has constant right shoulder pain described as dull and aching rated at 2-4 out of 10. The pain is increased with exercise and reaching with the right upper extremity. He reports he limits physical exercise and recreational activities. Physical examinations dated 9-30-15 and 11-4-15 revealed anterior right shoulder tenderness. There is tenderness in the acromioclavicular joint and bicipital tendon in the scapular region. The right shoulder range of motion is within normal limits; however, it is painful. There is tenderness in the cervical spine and paraspinal muscles with minimal stiffness. The cervical spine range of motion is within normal limits; however it is painful. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit purchase, cervical spine and right shoulder is not medically necessary.