

Case Number:	CM13-0016649		
Date Assigned:	11/06/2013	Date of Injury:	03/17/2012
Decision Date:	01/31/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old injured worker who reported an injury on 03/17/2012 after falling backwards and landing on his left side, sustaining an injury to his cervical spine, upper back, and left shoulder. The patient was conservatively treated with physical therapy, epidural steroid injections corticosteroid injections of the shoulder, and medication management. The patient underwent shoulder arthroscopy with manipulation under anesthesia after developing adhesive capsulitis that failed to respond to physical therapy, home exercises, and additional postsurgical corticosteroid injections. The patient's most recent clinical examination findings included pain in the left shoulder, range of motion described as 100/100. The patient's diagnoses included displacement of intervertebral disc site without myelopathy, rotator cuff syndrome, and neck sprain/strain. The patient's treatment plan included a continuous passive motion machine, a home exercise program with aggressive range of motion exercises, and continuation of formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of a TENS unit to manage a patient's postsurgical pain in the first 30 days of postoperative treatment. The clinical documentation submitted for review does provide evidence that the patient is status post manipulation under anesthesia. The request as it is written does not specifically identify duration to support an appropriate rental period. Therefore, the use of a TENS unit for the left shoulder would not be indicated. The request for a TENS unit for the left shoulder is not medically necessary and appropriate.