

Case Number:	CM14-0119241		
Date Assigned:	08/06/2014	Date of Injury:	04/13/2014
Decision Date:	10/31/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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 52 year old female with an injury date of 04/13/14. The 06/24/14 report by [REDACTED] states that the patient presents with pain, weakness and heaviness in the left shoulder rated 7/10. The patient cannot sleep on the left side. The patient is not working and the report notes that left shoulder surgery is requested. Examination reveals tenderness of the left shoulder with painful arc and tenderness at the 'CA arch." The patient's diagnosis is left shoulder strain with symptomatic radicular symptoms. The utilization review being challenged is dated 07/10/14. The rationale is that the use of multiple modalities following surgery is not indicated and guidelines do not support TENS for acute shoulder pain. Reports were provided from 04/22/14 to 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines ,Transcutaneous electrotherapy Page(s): 114, 115,.

Decision rationale: The patient presents with left shoulder pain rated 7/10. The treater requests for a TENS muscle stimulator. The treater states the unit is for home use on a daily basis for muscle stimulation and preservation of muscle tone to reduce excessive atony and weakness in order to assist post surgical recovery. . Per MTUS guidelines Transcutaneous electrotherapy pages 114, 115, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. MTUS page 115 also cites current treatment guidelines covering the use of TENS for the relief of acute postoperative pain for 30 days as an adjunct or alternative to pharmaceutical treatment. In this case, the treater does not specify if the unit is for purchase or rental. Purchase of a unit requires completion of a one month trial and documented functional improvement. Given the lack of one month trial of TENS, the request for TENS unit for home use cannot be recommended. There is no evidence of surgical procedure to the shoulder to allow for post-operative use either. Therefore, the request of TENS muscle stimulator is not medically necessary and appropriate.