

Case Number:	CM14-0120027		
Date Assigned:	09/16/2014	Date of Injury:	12/27/2012
Decision Date:	12/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation, 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 60-year-old female with date of injury of 12/27/2012. The treating physician's listed diagnoses from 06/20/2014 are: 1. Adhesive capsulitis, 2. Cervical sprain and strain, 3. Impingement syndrome of the right shoulder, 4. Myofascial pain syndrome. According to this report the patient complains of right shoulder and neck pain. The pain is described as throbbing at a rate of 3/10. She is currently taking tramadol 2 times a day and Voltaren gel. The patient is not in any active therapy and is currently working on modified duty. Examination shows tenderness to palpation over the AC joint. Range of motion in the shoulders are within normal limits. Neurological examination is intact. Motor strength is 5/5. Impingement maneuver test is positive. The documents include an EMG from 02/20/2014, MRI of the right shoulder from 01/27/2014, and progress reports from 05/23/2013 to 07/16/2014. The utilization review denied the request on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM/HD Combo TENS (Transcutaneous Electric Nerve Stimulator) Unit/ Han and monthly supplies: Upheld

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 TENS unit Page(s): 114-116.

Decision rationale: This patient presents with right shoulder and neck pain. The treater is requesting a GSM - HD COMBO TENS (TRANSCUTANEOUS ELECTRIC NERVE STIMULATOR) UNIT/HAN AND MONTHLY SUPPLIES from the 06/20/2014 report. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has tried a TENS unit in the past. The treater notes on 06/20/2014, "I would like to request for TENS unit which she uses in physical therapy along with the ice. She remembers that it helps so much that she was falling asleep during this treatment." While the patient reports benefit while utilizing TENS unit during physical therapy, MTUS requires a 30-day home trial to determine its efficacy in terms of functional improvement and pain reduction prior to its purchase. Recommendation is for denial.