

Case Number:	CM14-0120221		
Date Assigned:	09/16/2014	Date of Injury:	09/12/2007
Decision Date:	10/15/2014	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 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 male who has submitted a claim for right shoulder adhesive capsulitis, right AC joint arthritis, right rotator cuff tendinitis, and right rotator cuff tear associated with an industrial injury date of 09/12/2007. Medical records from 12/16/2013 to 08/18/2014 were reviewed and showed that patient complained of right shoulder pain graded 3-4/10. Physical examination revealed discomfort over right AC joint and subacromial bursa region and near normal ROM. MRI of the right shoulder with arthrogram dated 11/11/2008 revealed degenerative changes of the shoulder joint, mild supraspinatus tendinopathy, and mild cystic changes at posterolateral aspect of humeral head. Treatment to date has included TENS and pain medications. Of note, frequency and functional outcome of TENS use was not documented objectively. It was unclear as to whether the patient was participating in a functional restoration program. Utilization review dated 07/23/2014 denied the request for Refill of TENS unit patches for the next three to six months because there has been no clear evidence that improvement was from TENS alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of TENS unit patches for the next three to six months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. Rental would be preferred over purchase during this trial period. In this case, the patient had previous TENS treatment. However, frequency and functional outcome of TENS use was not documented objectively to support continuation of TENS therapy per guidelines requirement. Furthermore, it was unclear as to whether the patient was participating in a functional restoration program. The guidelines do not recommend TENS as sole form of treatment. The request likewise failed to specify the body part to be treated. Therefore, the request for Refill of TENS unit patches for the next three to six months is not medically necessary.