

Case Number:	CM14-0126569		
Date Assigned:	09/05/2014	Date of Injury:	01/31/2009
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old female who sustained a vocational injury on January 31, 2009. The medical records provided for review document that the claimant underwent right shoulder rotator cuff, subacromial decompression, arthroscopic AC joint resection and sub pectoralis biceps tenodesis on March 10, 2014. The office note dated June 13, 2014, noted that the claimant was three months postoperative rotator cuff surgery and felt better than she did in the preoperative setting. Physical examination noted that her range of motion was improving, forward flexion showed zero to 150 degrees, abduction zero to 110 degrees, external rotation to 45 degrees on the right and was still weak on external rotation and abduction noted to be 4/5. The recommendation was made to continue physical therapy for strengthening and range of motion and that she would benefit from some massage and acupuncture. This request is for purchase of electrodes, eight pairs a month along with six triple A batteries per month and purchase of GSM combo TENS with HAN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase electrodes, 8 pairs per month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117, 121..

Decision rationale: The claimant does not meet criteria set forth for the purchase of a GSM Combo TENS with HAN. Therefore, the request for purchase of eight pairs of electrodes per month is not recommended as medically necessary.

Purchase batteries, 6 AAA per month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117, 121.

Decision rationale: The claimant does not meet criteria set forth for the purchase of a GSM Combo TENS with HAN. Therefore, the request for purchase of six triple AAA batteries per month is not medically necessary.

Purchase GSM Combo TENS with HAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117, 121.

Decision rationale: According to product specification, GSM HD Combo TENS is a combination is a combination of TENS and NMS. California Chronic Pain Medical Treatment Guidelines recommend that prior to considering long term use of transcutaneous electrotherapy and specifically in regards to neuromuscular electrical stimulation, there should be documentation of a one month home based TENS unit trial, which may be considered as a noninvasive conservative option if there is documented functional improvement and decreased subjective complaints along with decreased medications. The medical records do not contain any documentation that the claimant has had a one month of a TENS unit for home use prior to considering purchase of the device. In addition, documentation also fails to establish that the transcutaneous electrotherapy and neuromuscular electrical stimulator combo unit would be used as part of a rehabilitation program. In addition, typically neuromuscular stimulation units are used only following a stroke. There is no evidence to support its use in chronic pain. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Treatment Guidelines, the request for the purchase of a GSM Combo TENS with HAN is not medically necessary.