MAXIMUS Federal Services

Case Number:	CM14-0148413		
Date Assigned:	09/18/2014	Date of Injury:	04/05/2013
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 injured worker is a 39-year-old female who reported an injury on 04/05/2013 due to an unspecified mechanism of injury. On 11/26/2013, she reported 9/10 left shoulder pain that was worsening. A physical examination showed left shoulder tenderness at the anterior aspect of the AC joint, spasm of the deltoid, and cervical trapezius was decreased. Left shoulder abduction was at 25 degrees, with forward flexion of 35 degrees. She was diagnosed with left shoulder adhesive capsulitis with probable rotator cuff tear. Her medications were listed as tramadol ER 300 mg, Ondansetron 8 mg, and cyclobenzaprine. Past treatments included medications and the use of a TENS unit. There was no documentation regarding surgical history or diagnostic studies provided for review. The treatment plan was for a TENS unit and supplies for the date of service, 11/26/2013. The Request for Authorization and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and supplies for date of services 11/26/13: 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 units.

Decision rationale: The request for a TENS unit and supplies for the date of service, 11/26/2013, is not medically necessary. Per the submitted records, on 11/26/2013 a retro request was made for a TENS 60 day trial to facilitate diminution in pain and spasm. The California MTUS Guidelines state that TENS units are not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. There should be evidence that other pain modalities have been tried and failed, including medications. Based on the clinical information submitted for review, the injured worker had undergone a 60 day trial of a TENS unit, and stated that it was efficacious at physical therapy. However, the documentation stated that a retro request was being made for a TENS unit 60 day trial, which indicates that the patient had already undergone a 60 day trial with a TENS unit. There was a lack of documentation showing evidence that she had an objective improvement in function and an objective decrease in pain to indicate that the TENS unit was efficacious and supports its use. In addition, there was a lack of documentation showing evidence that the injured worker had been enrolled in a program of evidence based functional restoration to use in conjunction with the TENS unit. Furthermore, there was no evidence showing the failure of all appropriate treatment modalities to indicate the need for a TENS unit. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.