

Case Number:	CM14-0149598		
Date Assigned:	09/18/2014	Date of Injury:	11/25/2013
Decision Date:	11/26/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 51-year-old female with a 11/25/13 date of injury, and status post right shoulder arthroscopy, rotator cuff repair, and subacromial decompression 2/7/14. At the time (8/14/14) of request for authorization for TENS EMS unit with supplies, there is documentation of subjective (right shoulder pain, stiffness, and weakness) and objective (decreased and painful range of motion and positive supraspinatus test) findings, current diagnoses (right shoulder impingement syndrome, right shoulder muscle spasm, right shoulder pain, right shoulder sprain/strain, rule out shoulder internal derangement, and status post right shoulder surgery), and treatment to date (physical therapy and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS EMS UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Neuromuscular Electrical Stimulation Page(s).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Lastly, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right shoulder muscle spasm, right shoulder pain, right shoulder sprain/strain, rule out shoulder internal derangement, and status post right shoulder surgery. However, the requested TENS EMS unit with supplies contains at least one component (EMS) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TENS EMS unit with supplies is not medically necessary.