

Case Number:	CM14-0161176		
Date Assigned:	10/06/2014	Date of Injury:	07/14/2013
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 injured worker is a 41-year-old male who reported an injury on 07/14/2013. The mechanism of injury was the injured worker lifted a refrigerant tank from a table to the ground and sustained right shoulder injury. The injured worker had a right shoulder arthroscopy with intra-articular debridement of frayed anterior and superior labrum, debridement of partially torn rotator cuff, and subacromial decompression on 04/24/2014. Medications included Norco 10/325 mg #60 and other treatments included physical therapy. The prior diagnostic studies were not provided. The documentation of 08/13/2014 revealed the injured worker had right shoulder pain and pain with range of motion. The injured worker was noted to have a frequent popping of the shoulder. The objective findings revealed a tender anterior acromial margin, a tender AC joint, and decreased range of motion. There was no atrophy. The injured worker had a left shoulder MRI which revealed bursitis. The diagnoses included right shoulder pain and dysfunction, right shoulder impingement, right shoulder AC joint arthrosis, right shoulder partial thickness rotator cuff tear, and status post right shoulder arthroscopic subacromial decompression and debridement on 04/24/2014. The treatment plan included tramadol, Flexeril, and weaning of Norco, as well as postoperative physical therapy and a TENS unit. Additionally, the treatment plan included a consideration of an injection of the left shoulder. There was not documented rationale for the request. There was a detailed Request for Authorization to include a TENS unit on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The California MTUS guidelines indicate that a one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate that other appropriate pain modalities had been trialed and had failed. Additionally, the request as submitted failed to indicate the requested unit would be used as an adjunct to therapy. The request as submitted failed to indicate whether the unit was rental or purchase. Given the above, the request for TENS unit for the right shoulder is not medically necessary.