

Case Number:	CM14-0161706		
Date Assigned:	10/07/2014	Date of Injury:	12/30/2008
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
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, has a subspecialty in Interventional Spine 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 31-year-old male with an injury date of 12/30/2008. Based on the 07/09/2014 progress report, the patient complains of having right shoulder pain which clicks, pops, and has grinding sensations. The patient rates his pain as an 8/10. The patient also claims to have radiation of pain into his neck. Examination revealed that the right shoulder was tender over the acromioclavicular joint. He had a positive Hawkins' and Neer's impingement sign. He has tenderness over the biceps tendon and subacromial space. The 09/01/10 MR arthrogram of the right shoulder revealed the following: 1. Status post acromioplasty. There is abnormal marrow signal of the tip of the residual acromion/acromial stump with surrounding soft tissue edema. Possible osteomyelitis or avascular necrosis there is not excluded. Clinical correlation is warranted. 2. Low-grade articular site, partial thickness tearing of the infraspinatus tendon. 3. Irregularity of the middle glenohumeral ligament suggestive partial thickness tearing. 4. Attenuation of the anterior labrum. This is likely a normal variant rather than evidence for tearing. The patient's diagnoses include the following: 1. Right shoulder labral tear. 2. Right shoulder rotator cuff syndrome. 3. Chronic pain, right shoulder. The utilization review determination being challenged is dated 09/12/2014. There were 2 treatments reports provided from 04/10/2014 and 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial of TENS Four Lead for the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS Page(s).

Decision rationale: Based on the 07/09/2014 progress report, the patient complains of having right shoulder pain as well as radiation of pain to the neck. The request is for a 30-day trial of the TENS four-lead for the right shoulder. Per MTUS Guidelines, TENS unit have no proven efficacy in treating chronic pain and are not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, or multiple sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, the patient presents with chronic right shoulder pain. There is no indication that the patient has neuropathy, CRPS, spasticity, phantom limb pain, or multiple sclerosis. Therefore, the request is not medically necessary.