

Case Number:	CM14-0093091		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2012
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 62-year-old male with a reported date of injury on 08/02/2012. The mechanism of injury was noted to be a lifting injury. His previous treatments were noted to include physical therapy, TENS unit, and medications. The Progress Note dated 06/18/2014 revealed bilateral shoulder pain rated 4/10 to 5/10 and the injured worker indicated it could reach 7/10 and the pain radiated to the back right side of his neck. The injured worker also complained of limited range of motion and numbness and tingling in his bilateral elbows and 5th digits. There was limited range of motion noted to the right shoulder. The impingement syndrome was positive as well as resisted external/internal rotation and supraspinatus. There was decreased motor strength to the right shoulder. The provider indicated the right shoulder had evidence of rotator cuff arthropathy with retracted rotator cuff tear and weakness of the rotator cuff rated 3/5 strength. The provider indicated the injured worker had significant pain relief from the TENS unit and it would bring his pain from 9/10 to 5/10. The provider indicated the injured worker was utilizing the TENS unit 5 days a week. The Request for Authorization Form was not submitted within the medical records. The request was for a TENS unit with supplies for the right shoulder (rental for 30 days), for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with supplies for the Right Shoulder. (rental for 30 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114, 116.

Decision rationale: The request for a TENS unit with supplies for the right shoulder (rental for 30 days) is not medically necessary. The injured worker has utilized a TENS previously 5 days a week and reported with pain relief rated 5/10. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home based TENS trial may be considered as a not invasive conservative option, is used as an adjunct to a program of evidence-based functional restoration. The guidelines criteria for the use of TENS is documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed. A 1 month trial period of TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The guidelines criteria also state other ongoing pain treatments should also be documented during the trial including medication usage. There is a lack of documentation regarding the TENS unit being used as an adjunct to ongoing treatment modalities with the functional restoration approach. The provider indicated the injured worker utilized a TENS unit 5 days a week; however, there is a lack of documentation regarding how long the TENS unit was utilized and if this was with physical therapy or a home TENS unit trial. As such, the request is not medically necessary.