

Case Number:	CM14-0101155		
Date Assigned:	08/08/2014	Date of Injury:	03/16/2012
Decision Date:	05/04/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 40-year-old female who sustained an industrial injury on 3/16/2012. Her diagnoses, and/or impressions, include left shoulder bicep tear; and left shoulder adhesive capsulitis and tendinitis. Current magnetic resonance imaging studies are not noted but are noted to have been requested (on 3/27/14). Her treatments have included conservative treatments, status-post left shoulder manipulation (3/10/14); pain pump with pain pump removal; and medication management. The physician's letter of 2/26/2014 reported constant and severe left should pain and stiffness, with decreased range-of-motion and instability, despite conservative care. The physician's requests for treatment included a trial of a transcutaneous electrical stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for neck, shoulder and wrist disorders. Therefore, the prescription of a trial of TENS is not medically necessary.