

Case Number:	CM14-0140383		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2012
Decision Date:	03/06/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old female who sustained a work related injury April 17, 2012. According to a permanent and stationary report, dated February 17, 2014, the injury occurred while lifting a heavy tray of oranges with pain to the right shoulder and arm. After failed conservative treatment, an MRI showed evidence of subacromial impingement, as well as a superior labral tear. She underwent a right shoulder arthroscopy with biceps tenotomy and superior labral repair January, 2013. As of February 17, 2014, the injured worker is permanent and stationary. She has ongoing right shoulder impingement syndrome for which conservative care has failed. Surgery had been recommended (right shoulder arthroscopy with acromioplasty and synovectomy) and authorized, but she has chosen not to pursue this. She is at a treatment plateau at this time and can be considered permanent and stationary presently. According to utilization review performed August 12, 2014, the retrospective request for date of service 7/1/2014 for zynex nexwave unit and supplies is non-certified. Citing MTUS Guidelines for TENS unit, there must be documentation of why it is necessary. As medical necessity is not established in the presented documentation, it is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Date of Service (DOS) 7/1/14 for Zynex Nexwave Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit- page 116, Interferential unit - page 118-120. Decision based on Non-MTUS Citation Pain section, TENS unit, Interferential unit, Neuromuscular electrical stimulation unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zynex Nexwave unit and supplies are not medically necessary. Zynex is a modality unit that incorporates any interferential unit, transcutaneous electrical nerve stimulation and neuromuscular electrical stimulation in one device. The TENS is not recommended as a primary treatment modality; a one-month home-based TENS trial may be considered as a noninvasive option. The criteria for TENS use are enumerated in the Official Disability Guidelines. They include, but are not limited to, a one month trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; evidence other pain modalities have been tried and failed; a treatment plan with specific short and long-term goals of treatment; etc. Neuromuscular electrical stimulation (NMES) devices are not recommended. NMES are used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from an NMES for chronic pain. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy with biceps tendonotomy and superior labral repair; residual right shoulder impingement syndrome. The request for authorization for the Zynex unit was July 15, 2014. A letter dated August 18, 2014 indicates the physical therapist used a TENS unit once while in physical therapy. It was dispensed to her after signing a release. Additional documentation in the medical record indicates the injured worker's last progress note with the treating physician, [REDACTED], with February 17, 2014. Subjectively, the injured worker had continued right shoulder pain. The recommendation was to have a second surgery. Objectively, there was pain to palpation at the subacromial space. There is no clinical indication/rationale for the Zynex Nexwave unit. The documentation did not mention this unit. There was no documentation of a 30 day trial. There was no indication of objective functional improvement with the TENS unit (while in physical therapy. Additionally, an NMES is not recommended. TENS unit application to the shoulder does not appear in the recommendations. A TENS unit is recommended for shoulder use post stroke rehabilitation. Consequently, absent clinical documentation to support Zynex Nexwave use, NMES not recommended, no TENS trial documented in the record, no anatomical location for its application, Zynex Nexwave unit and supplies are not medically necessary.