

Case Number:	CM14-0179233		
Date Assigned:	11/03/2014	Date of Injury:	10/23/2010
Decision Date:	01/06/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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:

This 68 year old male sustained an industrial related injury on 10/23/2010. The results of the injury were not discussed. A progress note, dated 03/28/2014, states the injured worker complained of right shoulder pain when lifting the right arm. Range of motion in the right shoulder, at this time, was noted to be decreased. According to the progress note, dated 06/02/2014, the injured worker voiced no new complaints. Current diagnoses include shoulder injury, status postsurgical arthroscopic rotator cuff repair right shoulder, and myofascial pain. Treatment to date has included oral analgesic medications, surgery, and use of a TENS unit, which the worker reported as helping "a lot." Diagnostic testing was not provided or discussed. The right shoulder was noted to have an abduction of 40-50%. The tens patches were requested for the treatment of pain symptoms. Treatments in place around the time the TENS patches were requested included a home exercise program and oral medications. The injured worker's pain was increased but had not worsened since the progress note report dated 03/28/2014. Functional deficits were present and activities of daily living were unchanged. Work functions were not changed as the injured worker was retired. Dependency on medical care was unchanged. On 09/29/2014, Utilization Review non-certified a prescription for tens patch times 2 which was requested on 09/26/2014. The request for tens patch x 2 was non-certified based on insufficient objective benefits and lack of evidence that the tens patch provides functional improvement. The CA MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of tens patch times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch x 2: 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 Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, it appeared that the TENS unit was helping the worker, as she reported this to her provider. However, this report isn't sufficient documentation to justify continuation of TENS unit use. A report of measurable changes in function and pain reduction with its use is required in order to show evidence of benefit. Therefore, without this documentation, the TENS unit patches are not medically necessary.