

Case Number:	CM14-0193112		
Date Assigned:	11/26/2014	Date of Injury:	09/06/2007
Decision Date:	01/27/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, 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 51-year-old female with date of injury of 09/06/2007. The listed diagnosis from 09/15/2014 is pain in the shoulder. According to this report, the patient complains of constant pain in the left shoulder that is aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level. The pain is characterized as dull. Her pain is improving and she currently rates it at 4/10. The examination shows the patient's gait is intact. The left shoulder reveals a well-healed surgical incision. There is some stiffness due to immobilization. Neurovascular status is grossly intact. Limited range of motion and weakness was noted in the left shoulder. The patient recently underwent left shoulder arthroscopy from 06/27/2014. The documents include physical therapy reports from 07/24/2014 to 09/12/2014 for a total of 12 visits, an operative report for arthroscopic surgery from 06/27/2014 and progress reports from 06/19/2014 to 09/15/2014. The utilization review denied the request on 10/18/2014 stating, "since the patient has already had initial conservative treatment and does not fall under the other supported guideline indications for the request, the use TENS is not medically indicated."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Medical Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114 to 116.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy from 06/27/2014. The treating physician is requesting one TENS unit. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The records do not show that the patient has used a TENS unit in the past. It would appear that the treating physician is requesting a TENS unit following the patient's left shoulder surgery from June 2014. The MTUS Guidelines supports a 30-day home rental to determine its efficacy in terms of functional improvement and reduction of pain prior to its purchase. In this case, the request is for "one TENS unit" there is no indication that the patient has already completed a 30 day trial and MTUS does not recommend a purchase without a trial first. While this patient may require a 30 day trial, the current request IS NOT medically necessary.