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| Case Number: | CM14-0198176 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 02/15/2014 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 & Rehabilitation 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:

This 53 year-old station agent sustained an injury on 2/5/14 while employed by [REDACTED]. Request(s) under consideration include TENS unit. The patient reported pain to the neck, upper and lower back, left shoulder, left elbow, left hip, and both knees from being jarred by the impact, striking a window when the train stopped suddenly. Conservative care has included medications, therapy, and modified activities/rest. Appeal letter for PT and TENS unit dated 11/3/14 noted report of 3/31/14 from the provider noted the patient with ongoing pain in the neck, upper back, left shoulder, lower back and kness that sometimes radiates to the legs with associated numbness and tingling in the arms and legs. Exam showed restricted movement and positive lumbar facet loading maneuver bilaterally. Diagnoses were cervicalgia; lumbago; left ribcage contusion and left shoulder pain. The patient was noted to be s/p left arthroscopic decompression (undated). Report of 10/8/14 noted continued chronic low back pain radiating to right lower leg with weakness and numbness worse at night. The patient was 6 weeks s/p left rotator cuff repair and has started PT. Exam showed left shoulder with limited range; tenderness over posterior aspect; limited cervical range. Impression included rotator cuff syndrome with treatment for PT, chiropractic treatment, medications, and TENS for rotator cuff syndrome. The request(s) for TENS unit was non-certified on 10/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, TENS (transcutaneous electrical nerve stimulation), page 950

Decision rationale: Submitted reports have not demonstrated any failed conservative treatment towards a functional restoration program for this patient with diagnosis of rotator cuff syndrome s/p arthroscopic repair. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the TENS Unit trial. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. Additionally, Guidelines state TENS unit may be recommended for post-stroke conditions to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain nor is it recommended for other shoulder conditions due to lack of evidence of efficacy by high quality medical studies. The TENS unit is not medically necessary and appropriate.