

Case Number:	CM14-0211641		
Date Assigned:	12/24/2014	Date of Injury:	10/23/2013
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 52 year old male with an injury date of 10/23/13. Based on the 11/24/14 progress report provided by treating physician, the patient complains of ongoing neck pain. Patient is status post Right Shoulder Surgery 12/13/13. Physical examination to the cervical spine revealed tenderness, right greater than left. Range of motion was decreased globally. Per report dated 11/24/14 patient is currently attending PT twice per week for three more weeks. Per treater report dated 12/17/14, the patient is returned to modified work.EMG on 04/04/14 shows right-sided C5-6 radiculopathy.MRI of the upper extremity joint 05/01/14 was generally unremarkable.MRI of the right shoulder 11/13/13 shows 18 mm U. shaped full-thickness tear of the anterior distal fibers of the supraspinatus tendon of the right shoulder.Diagnosis (12/17/14)- frozen shoulder- shoulder impingement- rotator cuff (capsule) tear- cervical sprain/strain; neck-myofascial pain- hx gastritisThe utilization review determination being challenged is dated 12/04/14. The rationale follows: "no documentation of quantified pain relief or functional improvement with prior TENS use."Treatment reports were provided from 04/07/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch, quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the criteria for the use of TENS in chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with ongoing neck pain. The request is for TENS patch, quantity 4. Per report dated 11/24/14 patient is currently attending PT twice per week for three more weeks. Per treater report dated 12/17/14, the patient is returned to modified work. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater has not provided reason for the request. Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of pain reduction and functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical low back or neck pain. Therefore, the request is not medically necessary.