

Case Number:	CM14-0214631		
Date Assigned:	01/07/2015	Date of Injury:	11/14/2011
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabilitation

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 57-year-old male with date of injury of 11/14/2011. The listed diagnoses from 11/25/2014 are: 1. Acute exacerbations status post long-head biceps tendinitis. 2. Status post right long head biceps tenodesis with revision of the tenodesis and removal of the biceps tenodesis screw at proximal humerus. 3. Status post right rotator cuff repair and subacromial decompression. 4. Right upper extremity paresthesia. 5. Injury of the median nerve secondary to hematoma formation one year ago. 6. Rule out radial tunnel syndrome. According to this report, the patient complains of right shoulder pain. He states that his current use of Lyrica did not seem to make much of a difference with his burning pain. Examination shows the patient is in obvious discomfort and holding his right hand in an antalgic position. There is significant tenderness over the right mid biceps and chest musculature. Some swelling was noted. Tingling sensation with Wartenberg pinwheel in the right lower arm in a non-distinct dermatomal pattern. Tinel's sign is positive on the right wrist. Treatment reports from 05/27/2014 to 11/25/2014 were provided for review. The utilization review denied the request on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial Home IF/TENS Unit for The Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: This patient presents with right shoulder pain. The treater is requesting a TENS 2-LEAD. 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 11/20/2014 report notes that the patient continues to complain of ongoing right shoulder pain that extends into his biceps. There is significant tenderness and allodynia over the right biceps tendon and into the right mid biceps itself. Some swelling remains with significant tingling and increased aggravation with the pinwheel. None of the reports show a 30-day trial of a TENS unit. There is no indication that the patient has 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 for a TENS 2-lead is not medically necessary.