

Case Number:	CM15-0010683		
Date Assigned:	01/28/2015	Date of Injury:	06/09/2011
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/20/2015

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 injured worker is a 60-year-old male, with a reported date of injury of 06/09/2011. The diagnoses include status post left shoulder surgery, cervical pain, shoulder impingement, lateral epicondylitis, cervical sprain/strain, and shoulder sprain/strain. Treatments have included chiropractic therapy, oral medications, topical medications, and a home exercise program. The progress report dated 10/20/2014 indicates that the injured worker complained of frequent left shoulder pain, and rated the pain 8 out of 10. The pain was rated 9 out of 10 without medication and 4-5 out of 10 with medication. The objective findings include tenderness to palpation along the subacromial region over the left shoulder, tenderness to palpation along the trapezius muscles over the left shoulder with spasms, flexion at 140 degrees, extension at 30 degrees, abduction at 120 degrees, and adduction at 30 degrees. The treating physician recommended a six-month trial of a transcutaneous electrical nerve stimulation (TENS) unit for the injured worker's symptoms, which will reduce the need for pain medication and increase joint range of motion while the he participates in a home exercise program. On 01/12/2015, Utilization Review (UR) denied the request for a TENS unit rental for six (6) months, noting that there was no objective evidence of failure of other treatment modalities including medications given that the injured worker had notably good response with medication intake, and a definitive treatment plan should be submitted. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 6 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of TENS Page(s): 114-116.

Decision rationale: Based on the 12/10/14 progress report provided by treating physician, the patient presents with left shoulder pain rated 8/10. The request is for TENS UNIT 6 MONTH RENTAL. The patient is status post left shoulder surgery 08/15/13. Patient's medications include Percocet, Tramadol, Terocin patch, Genicin, Somnicin, and topical creams. The patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for 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." Per progress report dated 12/10/14, treater states "I am recommending a six month trial of a TENS unit for his symptoms, which will reduce the need for pain medications and increase joint range of motion while the patient participates in a home exercise program." MTUS requires documentation of one month prior to dispensing home units. Furthermore, patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.