

Case Number:	CM15-0013809		
Date Assigned:	02/02/2015	Date of Injury:	10/13/2011
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 10/13/11. He has reported right shoulder problems. The diagnoses have included right shoulder adhesive capsulitis, right shoulder rotator cuff tear, right shoulder pain, lateral and medial epicondylitis and insomnia secondary to pain. Treatment to date has included physical therapy, steroid injection of right elbow and medications. (MRI) magnetic resonance imaging of right shoulder performed on 10/1/13 showed full thickness tear at the anterior supraspinatus tendon, arthritic changes in the acromioclavicular joint and small joint effusion. Currently, the injured worker complains of right shoulder pain with radiation to right hand and achy feeling in neck. The progress report dated 12/11/14 revealed tenderness in right shoulder mostly right glenohumeral joint more than acromioclavicular joint. Increased pain is noted with right shoulder abduction and forward flexion, otherwise no change from previous exams. On 12/29/14 Utilization Review non-certified one month trial of Transcutaneous Electrical Nerve Stimulation, noting the lack of documentation of medications, ongoing treatment modalities and if the unit was to be purchased or rented. The MTUS, ACOEM Guidelines, was cited. On 1/13/15, the injured worker submitted an application for IMR for review of one month trial of Transcutaneous Electrical Nerve Stimulation (TENS unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month trial of transcutaneous electrical nerve stimulation (TENS) unit between 12/24/2014 and 2/7/2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy,.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating shoulder pain. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Therefore, a trial of TENS was medically necessary.