

Case Number:	CM15-0110219		
Date Assigned:	06/16/2015	Date of Injury:	02/27/2014
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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: Emergency Medicine

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 55 year old male, who sustained an industrial injury on 2/27/2014. Diagnoses have included bilateral complete rotator cuff tear postoperative and non-traumatic tendon rupture rotator cuff complete. Treatment to date has included surgery, therapy and medication. According to the progress report dated 4/23/2015, the injured worker complained of pain to both shoulders, worse on the left and worse with overhead use. He was using a transcutaneous electrical nerve stimulation (TENS) unit at home twice daily. Exam of the shoulders revealed that pain was elicited during Neer impingement test, during a Hawkins-Kennedy impingement test and during Whipple's test. There was weakness of both shoulders. The injured worker was currently working with restrictions. Authorization was requested for purchase of a 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:

LG Pilo complete TENS / muscle stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has muscular skeletal pain from rotator cuff pathology. There is no documentation of failures of conservative treatment modalities. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. While pt has documented improvement with TENS, patient does not have a diagnosis that warrants treatment with TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.