

Case Number:	CM15-0119637		
Date Assigned:	06/30/2015	Date of Injury:	10/09/2012
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old female, who sustained an industrial injury on October 9, 2012. Treatment to date has included chiropractic care, home exercise program, corticosteroid injection, TENS unit, left shoulder arthroscopy. Currently, the injured worker complains of pain which she rates a 7 on a 10-point scale and notes that the most significant pain is in her left shoulder. The pain levels have increased from the previous evaluation. She reports that she feels the chiropractic exercises have aggravated her left shoulder. On physical examination the injured worker has a negative Drop arm sign and positive Neer's sign. She has a positive Hawkins- Kennedy sign over the left shoulder. The diagnoses associated with the request include status post left shoulder arthroscopy, tendinosis partial tear with contrast inhabitation of the supraspinatus tendon, and mild degenerative fraying of the posterior/superior labrum. The treatment plan includes corticosteroid injection to the left shoulder, TENS unit with supplies, psychiatric consultation and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit via TechHealth: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for shoulder pain disorders. Therefore, the prescription of TENS Unit via TechHealth is not medically necessary.

TENS Supplies via TechHealth: Upheld

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

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for shoulder pain disorders. Therefore, the prescription of TENS Supplies via TechHealth is not medically necessary.