

Case Number:	CM15-0123044		
Date Assigned:	07/07/2015	Date of Injury:	01/23/2015
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 68 year old male, who reported an industrial injury on 1/23/2015. His diagnoses, and or impression, were noted to include: left shoulder bursitis/tendinitis; complete tear of the left rotator cuff tendons with retraction, impingement syndrome, and degenerative changes; and right shoulder spur, impingement, and rotator cuff tear, status-post surgery (1/29/15). Recent magnetic resonance imaging/left shoulder arthrogram, and computed tomography of the left shoulder were done on 11/12/2014, noted abnormal findings. His treatments were noted to include diagnostic studies; surgery and physical therapy for the right shoulder; injection therapy for the left shoulder (4/29/15); medication management; and rest from work. The progress notes of 6/3/2015 noted no subjective complaints or objective findings. The physician's requests for treatments were noted to include the rental of a trans-cutaneous electrical nerve stimulation unit for the left shoulder for the diagnoses of complete rotator cuff tear of left shoulder, and impingement syndrome of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, rental trial for 1 month for home use for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS.

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. Review of the clinical documentation provided meets criteria and the request is for a one-month trial. Therefore the request is medically necessary.