

Case Number:	CM15-0129154		
Date Assigned:	07/15/2015	Date of Injury:	02/18/2015
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 25 year old male, who sustained an industrial injury on February 18, 2015. The injured worker reported moving a box, weighing approximately 20 pounds, over his head and felt a pop in his left shoulder. The injured worker was diagnosed as having scapular dysfunction, scapular thoracic bursitis, thoracic outlet syndrome, cubital tunnel syndrome and cervical radiculitis. Treatment to date has included ace wrap, manual manipulation, medication and chiropractic. A progress note dated May 2, 2015 provides the injured worker complains of left shoulder pain. He reports improvement in that he no longer has pain when raising his arm. He continues to have pain when carrying things and has numbness in the arm and little finger. He reports use of Transcutaneous Electrical Nerve Stimulation (TENS) unit during chiropractic treatment has helped in the past. Physical exam notes he is in no acute distress, left shoulder exam is unremarkable and cervical exam notes only decreased sensitivity to light touch from C5-C8. Review of magnetic resonance imaging (MRI) showed no abnormalities. A primary treating physician report dated May 13, 2015 provides no subjective or objective findings other than Transcutaneous Electrical Nerve Stimulation (TENS) unit trial successful today. The plan is for home exercise program (HEP) and Transcutaneous Electrical Nerve Stimulation (TENS) for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: TENS unit DOS: 05/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured this past February moving a box, weighing approximately 20 pounds, over his head and he felt a pop in his left shoulder. The injured worker was diagnosed as having scapular dysfunction, scapular thoracic bursitis, thoracic outlet syndrome, cubital tunnel syndrome and cervical radiculitis. Treatment to date has included ace wrap, manual manipulation, medication and chiropractic. As of May 2, 2015, there was left shoulder pain. He reports use of Transcutaneous Electrical Nerve Stimulation (TENS) unit during chiropractic treatment has helped in the past, but objective, functional improvements are not identified. The MTUS notes that TENS is 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.-Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. Although TENS was reportedly used in the past, there is no documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The request is not medically necessary.