

Case Number:	CM15-0171413		
Date Assigned:	09/11/2015	Date of Injury:	05/10/2014
Decision Date:	10/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 05-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for injury to the left shoulder (rotator cuff tear) and neck strain. Medical records (03-10-2015 to 04-20-2015) indicate ongoing left shoulder pain. Records also indicate improving pain, but no changes in activities of daily living. Per the treating physician's progress report (PR), the injured worker has not returned to work. The physical exam, dated 04-20-2015, stated "improving and diminishing pain" with severity ratings of 5-6 out of 10 with medications to 7-8 out of 10 without medications (per the 04-20-2015 PR). This report also stated that the injured worker had just started post-operative physical therapy (PT) and acupuncture for the left shoulder and stated that cervical pain was significantly improved with trigger point injection. The PR dated 04-06-2015 showed a shoulder elevation to 160°, external rotation of 70°, and moderate rotator cuff weakness. Relevant treatments have included arthroscopic repair of a rotator cuff tear to the left shoulder, trigger point injection to the cervical spine, physical therapy (PT) with electrical stimulation, acupuncture, work restrictions, and pain medications (Norco and Flexeril). A neurostimulation (TEN-EMS) attachment was included in the records with the request for authorization and indicates that the injured worker was undergoing PT and using the TENS unit 15 minutes 3 times daily in addition to PT. It was so noted on this attachment that the injured worker benefited from the TENS unit by managing and reducing pain, managing and reducing swelling, increased circulation, relaxed muscle spasms and decreased dependency on medications. The request for authorization (04/21/2015) shows that the following medical

equipment was requested: extended rental of a neurostimulation unit (TENS-EMS), quantity 6 months. The original utilization review (08-28-2015) denied a request for an extension on the rental of a neurostimulation unit (TENS-EMS) to 6 months due to the lack of documented functional benefit from prior use and the absence of the use being part of a comprehensive rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Rental-Neurostimulator TENS-EMS (Months) Qty: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have been met and the request is medically necessary.