

Case Number:	CM15-0173475		
Date Assigned:	09/15/2015	Date of Injury:	10/18/2012
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/02/2015

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, California

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 is a 52 year old male patient who sustained an industrial injury on 10-18-12. The diagnoses include type II acromium right shoulder, degenerative changes of the labrum right shoulder, narrowing of the L5-S1 interspace, 1.5 mm broad based posterior disc protrusion of the L5-S1 level. Per the progress report dated 8-3-15, he had complaints of shoulder pain and range of motion causes pain and discomfort; occasional numbness and tingling; constant low back pain. He was prescribed Motrin. Work status is to remain off work until 9-14-15. Per the doctor's note dated 6-8-15, he had complaints of pain in the shoulders rated at 8 out of 10, left wrist and hand at 7 out of 10, lumbar spine at 7 out of 10, and knees at 8 out of 10. Discomfort while sleeping was noted as well as difficulties with showering, dressing and household activities. The physical examination revealed tenderness, decreased range of motion and positive Neer's test for the bilateral shoulders and 4/5 strength in the right shoulder. The medications list includes ibuprofen. He has undergone right shoulder arthroscopic surgery on 6/26/13. He has had MR arthrogram of the right shoulder on 7/23/2015 which revealed findings consistent with SLAP lesion. He has had physical therapy visits for this injury. A request for authorization is dated 8-6-15. The requested treatment of a TENS unit (transcutaneous electrical nerve stimulation) for purchase was denied on 8-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

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: TENS unit for purchase. According the cited guidelines, 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. 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit for purchase is not established for this patient.