Case Number:	CM15-0176264		
Date Assigned:	09/17/2015	Date of Injury:	07/12/2013
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on 07-12-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for right shoulder synovitis, arthrofibrosis, and impingement status post right-shoulder manipulation with arthroscopic debridement, synovectomy, and decompression. Treatment and diagnostics to date has included right shoulder surgery, physical therapy, and medications. Electromyography-nerve conduction velocity studies report dated 12-23-2014 stated "there is electrophysiologic evidence suggestive for right S1 radiculopathy." In a progress note dated 08-25-2015, the injured worker reported "making some gradual progress" since his right shoulder surgery on 07-21-2015. Objective findings included "slight improvement in the patient's overall range of motion" with guarding and tenderness at the end of range of motion. The physician stated that "the patient would benefit from a home TENS (Transcutaneous Electrical Nerve Stimulation) Unit which has been helpful during therapy." The Utilization Review with a decision date of 09-03-2015 non-certified the request for TENS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right shoulder synovitis, arthrofibrosis, and impingement status post right shoulder manipulation with arthroscopic debridement, synovectomy and decompression. Date of injury is July 12, 2013. Request for authorization is August 25, 2015. The injured worker underwent right shoulder MUA with debridement, partial synovectomy and subacromial decompression July 21, 2015. According to an August 25, 2015 progress note, the injured worker presents for evaluation of the shoulder. The treating provider indicates the injured worker would benefit from a TENS unit application to the shoulder. TENS is not recommended with a shoulder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guidelines non-recommendations for TENS to the shoulder, TENS unit is not medically necessary.