

Case Number:	CM15-0062414		
Date Assigned:	04/08/2015	Date of Injury:	01/21/1997
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 01/21/1997. Diagnoses include left shoulder osteoarthritis, left shoulder stiffness, partial thickness rotator cuff tears, degenerative labral tearing, and calcific tendinopathy of the supraspinatus. Treatment to date has included three surgeries on his left shoulder and one for the right shoulder, diagnostic studies, medications, and physical therapy. The most recent physician progress note dated 01/07/2014 documents the injured worker is pleased he underwent the left shoulder surgery performed on 08/28/2013. He has minor continuing symptom of soreness, but he feels his recovery is adequate and plateaued. He has minor complaints of stiffness and soreness. He can do his work and enjoy his leisure activities. Load and shift testing and apprehension testing are negative for instability. Palpation about the shoulder girdle reveals no tenderness over the glenohumeral capsule, the rotator interval, the rotator cuff or the acromioclavicular joint. Treatment requested is for TENS/EMS with supplies due to neuropathic pain (Electrodes, Batteries and Lead Wires), 1 Month Home Based Trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS with Supplies Due to Neuropathic Pain (Electrodes, Batteries and Lead Wires), 1 Month Home Based Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication of any specific objective functional deficits which a TENS unit trial would be intended to address. There is no objective evidence of radiculopathy and/or peripheral neuropathy. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.