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| Case Number: | CM15-0063340 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 04/24/2014 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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, Illinois

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:

This 28 year old woman sustained an industrial injury on 4/24/2014. The mechanism of injury is not detailed. Diagnoses include left shoulder strain, chronic left parascapular strain, and left shoulder labrum tear. Treatment has included oral medications and physical therapy. Physician notes dated 2/16/2015 show complaints of left shoulder pain rated 7/10. Recommendations include continue Tylenol #3, 30 day trial of in home TENS unit, and Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of TENS (transcutaneous electrical nerve stimulation) unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 4/24/2014. The medical records provided indicate the diagnosis of left shoulder strain, chronic left parascapular

strain, and left shoulder labrum tear. Treatment has included oral medications and physical therapy. The medical records provided for review do not indicate a medical necessity for 30 day trial of TENS (transcutaneous electrical nerve stimulation) unit, QTY: 1. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goes, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. However, although it reduces pain multiple sclerosis, it is ineffective in the treatment of spasticity related to Multiple sclerosis (MS). The records indicate the injured worker initially improved with physical therapy, but the pain later worsened; there is no evidence the injured worker failed treatment with NSAIDs, antidepressants or anti-epilepsy drugs, neither is there evidence this treatment is as an adjunct to a functional restoration program.