

Case Number:	CM15-0093333		
Date Assigned:	05/20/2015	Date of Injury:	08/23/2012
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 62 year old male, who sustained an industrial injury on 08/23/2012. He has reported injury to the left shoulder. Diagnoses have included left shoulder strain. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Motrin. A progress note from the treating physician, dated 04/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain, rated at 1.5/10 on the visual analog scale; continued improvement with the left shoulder; medications and physical therapy are proving effective in improving pain levels, function, range of motion, and overall sense of comfort; myofascial pain; night pain; using TENS with significant pain and range of motion improvement more than 50%. Objective findings have included tenderness to palpation of the left shoulder at the anterior capsule/cuff. The treatment plan has included the request for purchase of TENS unit. The progress note dated January 2015 recommended continuing to use the tens unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 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, it appears the patient has undergone a tens trial for at least one month with documentation of analgesic efficacy and improve range of motion. As such, the currently requested TENS unit is not medically necessary.