

Case Number:	CM15-0094555		
Date Assigned:	05/20/2015	Date of Injury:	11/26/1997
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
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: 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 53-year-old male, who sustained an industrial injury on November 26, 1997. He reported a right shoulder injury. The injured worker was diagnosed as having right shoulder atrophy, synovitis, tendonitis, and right glenohumeral and subacromial space bursitis. Diagnostic studies to date have included x-rays and MRI. Treatment to date has included work modifications, physical therapy with transcutaneous electrical nerve stimulation (TENS), a steroid injection, home exercises, and medications including pain, muscle relaxant, anti-epilepsy, antidepressant, anti-anxiety, and non-steroidal anti-inflammatory. On March 20, 2015, the injured worker complains of increased pain since hearing a pop in his shoulder on the previous day. His pain is rated 9/10. The treating physician noted that a prior injection was beneficial and based on his exam he was a candidate for another injection. The objective findings included some evidence of inflammation and muscle atrophy, severe atrophy of the shoulder. The injured worker tolerated the arthrocentesis and steroid injection to the shoulder. The treating physician noted the injured worker had benefited from the use of transcutaneous electrical nerve stimulation (TENS) in physical therapy. The treatment plan includes a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit, with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Electrical stimulators (E-stim), TENS, chronic pain (transcutaneous electrical nerve stimulation), Transcutaneous electrotherapy Page(s): 45, 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. There is a lack of evidence regarding efficacy. The orthopedic report dated March 1, 2015 documented that rotator cuff repair surgery was performed in 2000. A second repair surgery was done in 2002. The date of injury was 11-26-1997. ACOEM and ODG guidelines do not support the use of TENS for shoulder conditions. Therefore, the request for TENS unit is not medically necessary.