

Case Number:	CM15-0098440		
Date Assigned:	05/29/2015	Date of Injury:	06/20/2008
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 57-year-old male, who sustained an industrial injury on June 20, 2008. He reported bilateral shoulder injuries. The injured worker was diagnosed as having impingement and biceps tenosynovitis. Diagnostic studies to date have included MRIs. Treatment to date has included physical therapy and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On August 7, 2014, the injured worker complains of persistent left shoulder symptoms. The physical exam revealed forward flexion and abduction of 0-150 degrees, internal rotation to the sacroiliac joint, positive Neer's and Hawkin's impingement signs, and no weakness. The requested treatment includes a transcutaneous electrical nerve stimulation (TENS) unit with 1-month supply of electrodes, and lead wires.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit with 1 month supply of electrodes & lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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

Decision rationale: The patient complains of low back pain, rated at 8/10, radiating to the lower extremities, and cervical pain, rated at 4/10, radiating to the upper extremities, as per progress report dated 08/28/14. The request is for tens unit purchase with 1-month supply of electrodes, and lead wires. There is no RFA for this case, and, the date of injury is 06/20/08. Diagnoses, as per progress report dated 08/28/14, included cervicgia and lumbago. The patient also suffers from headaches and tension between shoulders. Medications, as per 09/14/14 report, included Fenoprofen, Cyclobenzaprine, Ondansetron, Omeprazole and Tramadol. The reports do not document the patient's work status. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, a request of TENS unit is noted in a prescription dated 04/29/15. As per the prescription, the patient suffers from shoulder impingement and has undergone shoulder arthroscopy. The treater, however, does not discuss how the unit will be used. Additionally, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short- and long-term goals. Hence, this request IS NOT medically necessary.