

Case Number:	CM14-0172859		
Date Assigned:	10/23/2014	Date of Injury:	03/26/1999
Decision Date:	11/25/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case is a male employee with a date of injury on 3/26/1999. A review of the medical records indicate that the patient has been undergoing treatment for disc bulge L3-4, L4-5, right knee osteoarthritis, right ankle sprain, s/p C5-6/C6-7 fusion, left shoulder rotator cuff repair, s/p right knee arthroscopy. Subjective complaints (6/12/2014) include left shoulder pain with burning, stiffness, and catching sensations, 9/10 rating, radiating to elbow and upper arm. Objective findings (6/12/2014) include positive left shoulder impingement sign, decreased range of motion to left shoulder. Treatment has included aquatic therapy, s/p C5-6/C6-7 fusion, left shoulder rotator cuff repair, s/p right knee arthroscopy, and medications, and TENS unit. A utilization review dated 10/14/2014 partially certified for TENS unit for left shoulder for one month and one month supply (original request was for Left shoulder TENS unit rent to own with three months supplies) due to exceeding guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder TENS unit rent to own with three months supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENS unit, "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, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records possible neuropathic pain for which a TENS unit might be useful. The records indicate that the patient has undergone left shoulder surgery before and this would not be a non-invasive conservative option. ODG further outlines recommendations for specific body parts: Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate that this would be for post-stroke rehabilitation. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (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) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial and lack of documented short-long term treatment goals with TENS unit. The medical records do indicate that the patient has been treated with a TENS unit recently, but it is unclear what body part is the targeted area. Improvement with current regimen cannot be verified. The original review partially approved for a one month trial of TENS unit, which is appropriate. As such, the request for Left shoulder TENS unit rent to own with three months supplies is not medically necessary.