

Case Number:	CM13-0000761		
Date Assigned:	05/14/2014	Date of Injury:	01/31/2013
Decision Date:	06/12/2014	UR Denial Date:	06/12/2013
Priority:	Standard	Application Received:	06/19/2013

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 67 year old female with date of injury 1/31/13. The mechanism of injury is noted as tripping over a phone line and injuring left wrist, shoulder and right knee. The patient has been treated with physical therapy, medications and viscosupplementation of the right knee. There are no included radiographic reports. Objective: decreased range of motion of the right knee, effusion right knee; decreased and painful range of motion of the cervical spine and left shoulder. Diagnoses: neck sprain, left shoulder sprain, knee osteoarthritis. Treatment plan and request: 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TENS, chronic pain (transcutaneous electrical nerve stimulation), ACOEM Chronic Pain Disorders.

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

Decision rationale: This 67 year old female has complained of left wrist and shoulder pain as well as right knee pain since date of injury 1/31/13. She has been treated with

viscosupplementation, physical therapy and medications. The current request is for a TENS unit. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not indicated as medically necessary.