

Case Number:	CM13-0008019		
Date Assigned:	10/08/2013	Date of Injury:	06/10/2013
Decision Date:	01/14/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

She is a 30-year-old female who had an injury to right shoulder on June 10, 2013. The patient had caught a metal rack that fell and hurt her shoulder in the process. She had a previous surgery to shoulder which was an arthroscopic rotator cuff repair bursectomy in October 31, 2012. The patient was prescribed physical therapy ice packs medications and had an MRI requested. There is no documentation of a trial of TENS nor notes of its efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS unit with HAN program and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines discuss the use of TENS not as a primary treatment modality. In addition, there are specific criteria for the use of a TENS unit. Types of pain include neuropathic pain, phantom limb and complex regional pain syndrome (CRPS), spasticity in spinal cord injury, and MS. TENS may also be used in chronic intractable pain. This patient does not meet any of these

diagnoses. In addition, there must be at least a 1 month trial of TENS before it can be recommended for purchase and this is only if other modalities have failed. There is no documentation in this case. The request for the purchase of TENS unit is not medically necessary and appropriate.