

Case Number:	CM13-0011464		
Date Assigned:	03/03/2014	Date of Injury:	09/10/2009
Decision Date:	10/01/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Alabama, New York, and 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:

The patient is a 64 year old female who was injured on 09/10/2009. The mechanism of injury is unknown. Progress report dated 07/16/2013 documented the patient to have complaints of stiffness and numbness in the fingers. She reported she is taking Aleve to relieve her pain. On exam, carpal tunnel compression is negative. She does have some stiffness in the MCP joint of the third finger but no triggering is detected. The patient is diagnosed with carpal tunnel syndrome and has been recommended night time bracing. She was given Naprosyn as a trial to relieve her pain. There are no further notes for review. Prior utilization review dated 08/07/2013 states the request for Tens Unit for Bilateral Shoulders is not certified as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR BILATERAL SHOULDERS: 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 TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, Pain, ODG

Decision rationale: As per the CA MTUS CPMT, bilateral shoulder TENS unit could be a reasonable source of therapy, if it will be used for a one-month trial and if it will be used in conjunction with a program of functional restoration. However, this is not documented in patient's medical records. Therefore the request for a TENS unit for bilateral shoulder is not medically necessary.