

Case Number:	CM13-0019495		
Date Assigned:	10/11/2013	Date of Injury:	02/18/2013
Decision Date:	04/17/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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, 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:

The patient is a 57-year-old male who reported an injury on 02/08/2012 after a slip and fall down the stairs that resulted in a full thickness tear of the rotator cuff. The patient underwent arthroscopic repair in 06/2013 followed by postoperative physical therapy. The patient's most recent clinical evaluation documented that the patient had shoulder range of motion described as 140 degrees in abduction. It was noted that additional physical therapy was recommended. A request was made for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

GMS TENS UNIT PURCHASE WITH HAN PROGRAMS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do recommend the use of a TENS unit for up to 30 days in the postsurgical management of a patient's pain. It is recommended that this is used as an adjunct therapy to participation in an active therapy program, and Guidelines further recommend rental over purchase during this trial period. The clinical documentation does

indicate that the patient is a postoperative patient participating in active therapy. Therefore, a 30 day rental of a TENS unit would be appropriate for this patient. However, the request is for a purchase of a TENS unit. Therefore, the request is not medically necessary and appropriate.

8 PAIRS OF ELECTRODES PER MONTH FOR 3 MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

6 AAA BATTERIES PER MONTH FOR 3 MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.