

Case Number:	CM13-0023034		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2012
Decision Date:	03/20/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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:

The applicant is a represented police officer who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior shoulder arthroscopy in November 2012; and 24 sessions of postoperative physical therapy. In a Utilization Review Report of September 5, 2013, the claims administrator apparently modified a request for purchase of a TENS unit to trial rental of said TENS unit. The applicant later appealed. In an August 26, 2013 progress note, the applicant is only working five hours a week. She has now taken retirement from the [REDACTED]. Persistent shoulder pain is noted. It is stated that the applicant has plateaued. It is further noted that the applicant has tried and failed analgesic medications, such as Norco, Flexeril, steroid injections, and shoulder surgery. For that reason, a TENS unit purchase is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental of two (2) lead TENS unit and supplies for left shoulder pain:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The Chronic Pain Guidelines indicate that a one month trial of a TENS unit may be employed in those individuals with chronic intractable pain of greater than a three month duration, in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the applicant has, quite clearly, tried and failed various analgesic and adjuvant medications without significant benefit. A one-month trial of a TENS unit is therefore indicated. Accordingly, the proposed one (1) month rental of a 2-lead TENS unit with associated supplies is medically necessary. Therefore, the request is certified.