

Case Number:	CM13-0026199		
Date Assigned:	11/22/2013	Date of Injury:	05/01/2012
Decision Date:	01/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 48-year-old female with bilateral shoulder pain. She underwent acupuncture for pain with good result. The patient underwent physical therapy with good result. The patient did not want invasive treatment for her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for TENS unit purchase with 1 physical therapy visit for instruction in use:
Upheld

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

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

Decision rationale: The request for TENS unit purchase with 1 physical therapy visit for instruction in use is non-certified. CA MTUS guidelines state that, there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The patient participated in a series of acupuncture treatments as well as physical therapy with documented improvement. As well as, the documentation provided for review does not include medications

the patient tried as treatment. MTUS guidelines also state that TENS are recommended for use in patients with neuropathic pain, spasticity, and patients with multiple sclerosis (MS). There are no objective findings in the documents provided for review that support these diagnoses. Furthermore, there is no evidence of a successful one month TENS unit trial. Due to the above given information this request for TENS unit purchase with 1 physical therapy visit for instruction in use is non-certified.