

Case Number:	CM13-0026719		
Date Assigned:	12/11/2013	Date of Injury:	12/08/2012
Decision Date:	01/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice 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 patient is a 46-year-old female with a reported date of injury on 12/08/2012. The patient presented with 100 degrees of left shoulder forward elevation, 30 degrees of left shoulder external rotation, moderate tenderness of the AC joint, tenderness at the greater tuberosity and proximal biceps, rotator cuff strength of 4/5 in the infraspinatus, supraspinatus, and subscapularis, and a positive impingement test. The patient had diagnoses including herniated disc of the cervical spine, left shoulder strain/sprain, impingement syndrome in the left shoulder, lumbar strain/sprain with what appeared to be nerve root irritation, and left ulnar nerve subluxation. The physician's treatment plan included a request for a purchase of TENS unit with HAN program, electrodes eight (8) pairs, batteries six (6) units.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of TENS unit with HAN program, electrodes eight (8) pairs, batteries six (6) units: Upheld

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

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

Decision rationale: The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for patients with; neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Within the provided documentation, it was noted the patient received a TENS unit which provided her decreased pain levels. It was unclear if the patient had a rental or purchase unit and if the patient had undergone a 1 month in home TENS trial with documented efficacy of the unit as evidenced by significant objective functional improvement as well as decreased VAS scores and medication usage. Therefore, the request for purchase of TENS unit with HAN program, electrodes eight (8) pairs, batteries six (6) units is neither medically necessary nor appropriate.