

Case Number:	CM13-0030184		
Date Assigned:	12/04/2013	Date of Injury:	05/12/2005
Decision Date:	02/07/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine & Rehabilitation, 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 51-year-old female who reported an injury on 05/12/2005. The mechanism of injury was not provided. The patient was noted to have trialed a TENS unit and indicated that the use of the unit dropped the patient's pain level from 10/10 to 3/10 for 1 to 2 hours which allowed the patient to performed exercises of cycling, rope pulling, stretching, and a functional restoration plan. It was noted that the patient found reduction in pain medication during the use of the TENS unit. The patient additionally was noted to be trialing an H-Wave unit. The patient's diagnoses were noted to include cervical spine sprain/strain, shoulder bursitis subacromial, impingement syndrome, osteoarthritis (OA) of the shoulder acromioclavicular (AC) joint, and status post left shoulder arthroscopic decompression biceps tenodesis. The request was made for the purchase of the TENS unit for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for the Cervical Spine/Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous electrotherapy (TENS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section TENS Page(s): 115-116.

Decision rationale: The MTUS guidelines recommend a TENS unit if used as an adjunct to a program of evidence-based functional restoration, and ongoing treatment should be documented during the trial period including medication usage. There should be a treatment plan including the specific short and long-term goals of treatment with the TENS unit. The clinical documentation submitted for review indicated the employee was trialing both the TENS unit and the H-Wave unit. It further indicated that the employee had completed an H-Wave trial and found a drop of the pain of 3/10 for 3 hours, but did not feel able to do exercises or perform increased activities as was able to do with the TENS unit. Additionally, the employee indicated that the TENS unit reduced the left arm pain and the H-Wave did not. It was noted the employee would consistently use and get benefit from the TENS unit if it was purchased. However, the clinical documentation submitted for review failed to indicate objective functional benefit received from the TENS unit. While it was noted the employee decreased the pain from a 10/10 to a 3/10 for 1 to 2 hours, and could exercises, it failed to indicate the objective functional benefit. Additionally, it was noted the employee had found reduction in the pain medication during the use of the TENS unit. However, there was a lack of objective documentation regarding the decrease. Given the above, the request for TENS unit purchase for the Cervical Spine/Left Shoulder is not medically necessary.