

Case Number:	CM13-0031140		
Date Assigned:	01/10/2014	Date of Injury:	08/06/2008
Decision Date:	03/19/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/02/2013

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, has a subspecialty in California and is licensed to practice in Interventional Spine. 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 61-year-old female with date of injury on 08/06/2008. The progress report dated 08/27/2013 by [REDACTED] indicates that the patient's diagnoses include right rotator cuff tear and nonindustrial left rotator cuff tear, DDD of spine and knees. The patient presents with bilateral shoulder pain. The patient's right shoulder has restricted range of motion and Hawkin's test positive, Neer's test is positive. There is tenderness to palpation in the biceps groove and subdeltoid bursa as well as the trapezius. The examination of the left shoulder indicated restricted range of motion and global tenderness to the entire shoulder girdle, worst at biceps. Evaluation of the right elbow indicated tenderness to palpation over the medial epicondyle. Tinel's sign is positive. Evaluation of the right wrist indicated positive Phalen's sign. Sensory exam indicated decreased sensation over the long finger and diminished to ulnar aspect of hand on the right side. A request was made for a purchase of a TENS unit to help with the patient's pain and to reduce swelling. The utilization review letter dated 09/09/2013 issued a non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual channel 4 electrodes, 4 modes & timer TENS unit-Purchase and fitting: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with significant bilateral shoulder pain and right elbow pain. The treating physician had requested a purchase of a TENS unit. MTUS Guidelines page 26 states that TENS unit therapy is not recommended as a primary treating modality, but a 1-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. There is no mention by the treating physician that the patient has had prior use of TENS unit during physical therapy or a trial of home TENS unit therapy. A purchase of TENS unit does not appear to be reasonable and is not recommended by the guidelines noted above. Therefore, recommendation is for denial.