

Case Number:	CM13-0032899		
Date Assigned:	12/06/2013	Date of Injury:	03/06/2013
Decision Date:	03/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Management 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 patient is a 55 year old male who reported a work injury on 03/06/2013 with the mechanism of hit in shoulder by an opening door while walking by the room. The patient complains of 8/10 on the clinical notes for 06/06/2013 which he is status post right shoulder surgery of 09/2012 and is currently in a work hardening program. The clinical note for 08/12/2013 showed pain to palpitation. The recommended plan is to continue the work hardening program with additional strength and motion. The patient showed positive impingement on clinical note for 09/09/2013. The patient has had acupuncture and other modalities to alleviate pain per clinical note for 06/20/2013. The patient is taking Oxycontin for pain as of clinical note for 09/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD Combo TENS with Hans programs and supplies (rental or purchase): Upheld

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

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

Decision rationale: The request for TENS unit is non-certified. The patient had surgery on his right shoulder in 09/2012 with a work injury to the shoulder on 03/06/2013 and now has chronic

pain to the shoulder. The patient was in a work hardening program in 09/2013. The California MTUS guidelines note that TENS unit are not recommended as a primary treatment modality. In addition, guidelines recommend an initial 1 month trial. The request does not specify the proposed duration. Therefore the request is non-certified.