

Case Number:	CM13-0038583		
Date Assigned:	12/18/2013	Date of Injury:	09/04/2003
Decision Date:	07/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 injured worker is a 54-year-old female who was reportedly injured on 9/4/2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 10/3/2013, indicated that there were ongoing complaints of right shoulder pain and stiffness, headaches, right sided head pain, and anxiety and stress. The physical examination demonstrated right shoulder decreased range of motion in all ranges with pain, positive impingement and positive tenderness at subacromial region. No reason diagnostic studies were available for review. Previous treatment included right shoulder surgery x 2, subacromial injections, physical therapy and transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for 1 replacement TENS unit/OrthoStim unit and was not certified in the pre-authorization process on 10/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 replacement TENS unit/OrthoStim unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. As such, the request for purchase of a TENS unit is considered not medically necessary.