

<b>Case Number:</b>	CM13-0039040		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 44 year old, female with a date of injury on 2/24/11. Based on the 8/2/13 visit from [REDACTED], patient's diagnoses are shoulder impingement, cervical radiculopathy, and wrist tendon/bursa. The Utilization Determination being challenged is dated 9/3/13 and recommends denial of TENS UNIT purchase/PA referral/PA modified/Certified one month trial of TENS. [REDACTED] is the requesting provider and has provided treatment reports from 1/28/13-8/2/13. Visit notes from 8/2/13 per [REDACTED] state that patient expresses intermittent pain her right shoulder, cervical spine and right wrist. Minimum discomfort is noted on elevation of right upper extremity against gravity. She has decreased grip strength, which is noted on the right side. Mild spasm and tenderness observed in the paravertebral muscles of the cervical spine with decreased ranged of motion on flexion and extension. The reason for her to use the TENS unit was to further increase range of motion and functional capacity status. ❌

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The 9/3/13 Utilization Review letter states it is based on the 7/16/13 RFA. The corresponding progress notes from [REDACTED], is dated 6/21/13. At 6/21/13, the patient did not have the TENS unit. The subsequent report from [REDACTED] is dated 8/2/13, and states the patient received the TENS unit. At the time of the 7/16/13 RFA, the TENS unit purchase would not be in accordance with Medical Treatment Utilization Schedule (MTUS) guidelines, as the patient had not had a 30-day trial of TENS. If this request was for the purchase of the TENS, without the 30-day trial, it does not meet Medical Treatment Utilization Schedule (MTUS) guidelines.