

Case Number:	CM13-0039169		
Date Assigned:	12/18/2013	Date of Injury:	03/26/2013
Decision Date:	07/29/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 47-year-old male who was reportedly injured on March 26, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated October 14, 2013, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated to left shoulder tenderness and 4/5 rotator cuff strength. There was a diagnosis of a right shoulder sprain/strain and shoulder impingement syndrome. Diagnostic imaging studies objectified a left shoulder labral tear with tendinitis and Synovitis. A request was made for a transcutaneous electrical nerve stimulation unit and was not certified in the pre-authorization process on 24 September 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (T.E.N.S.) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS - TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 114-115.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that there should be evidence that other treatment modalities have failed prior to considering the usage of a transcutaneous electrical nerve stimulation (TENS) unit. There is no documentation of this in the medical record. Additionally there should be a one-month trial prior to continue usage of a TENS unit. This request does not state whether this is for a one-month trial or for continued usage. For these reasons this request for a transcutaneous electrical nerve stimulation unit is not medically necessary.