

Case Number:	CM13-0044515		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2012
Decision Date:	03/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 a 56 year old who sustained a work related injury on August 7 2012. Subsequently, she developed left shoulder pain and underwent left shoulder surgery on January 14 2013. According to the progress note dated on September 9, 2013 the patient physical examination demonstrated tenderness in the left shoulder and cervical spine with reduced range of motion. The provider requested authorization to use TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS device purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Section Page(s): 97.

Decision rationale: According to California MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that the patient responded to one month TENS trial. There is no recent documentation that the patient attempted and failed first line pain medication therapy. Furthermore, there is no evidence that the provider planed a functional

restoration program that will parallel TENS therapy. Therefore, the prescription of Home TENS device purchase is not medically necessary.