

Case Number:	CM13-0048089		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2013
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 patient is a 44-year-old male who reported an injury on 09/10/2013 after he carried a motorized wheelchair down 4 flights of stairs. The patient reportedly sustained an injury to his bilateral shoulders, cervical, thoracic, and lumbosacral spine. The patient's physical findings included a guarded, waddling gait, a positive axial compression test, negative bilateral straight leg raising test, and a positive drop arm test. The patient's treatment recommendations included chiropractic care, referral to a psychologist and an internist, and a TENS unit.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd.Edition, Chapter (Back Injuries) / TENS

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

Decision rationale: The requested TENS unit for purchase is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a TENS unit as an adjunct therapy to an active functional restoration program. The clinical documentation

submitted for review does not provide any evidence that the patient is currently participating in any active therapy that would benefit from an adjunct therapy of a TENS unit. Additionally, California Medical Treatment Utilization Schedule recommends a 30-day trial of a TENS unit with evidence of functional improvement and pain relief to support the purchase of a TENS unit. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a trial of a TENS unit. Therefore, the purchase of a TENS unit would not be supported. As such, the requested TENS unit for purchase is not medically necessary or appropriate.