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| <b>Case Number:</b>   | CM13-0048146 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/19/2009 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Chiropractor and is licensed to practice in Texas. 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 65 year old male whose date of injury is 05/19/2009. The patient reports that he noticed the gradual onset of pain in his shoulder, back and right hand from 2003 to 2004. He was subsequently laid off on 05/19/09. Treatment to date is noted to include acupuncture, pain medications, pain injections and shockwave treatments. Medical consultative report dated 02/19/13 indicates that the patient was provided 33% whole person impairment. The patient was determined to have reached maximum medical improvement from an internal medicine standpoint. Future medical treatment is recommended to include doctor visits, medication and treatment for his hypertension. Progress report dated 07/11/13 indicates that the patient has no new complaints. Assessment is hypertension and diabetes mellitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE PURCHASE OF A TENS UNIT AND SUPPLIES (DOS 9/15/2009):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-116.

**Decision rationale:** Based on the clinical information provided, the retrospective purchase of a TENS unit and supplies (DOS 09/15/2009) is not recommended as medically necessary. There is no comprehensive assessment of treatment completed prior to 09/15/09 or the patient's response thereto submitted for review. There is no indication that the patient underwent a successful trial of TENS to establish efficacy of treatment. There are no specific, time-limited treatment goals provided. The request for retrospective purchase of a tens unit and supplies (dos 9/15/2009) is not medically necessary.