MAXIMUS Federal Services

Case Number:	CM13-0050600		
Date Assigned:	12/27/2013	Date of Injury:	07/19/2013
Decision Date:	05/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Rehabilitaiton 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:

This is a 40-year-old injured worker with a reported work-related injury on 07/19/2013, and the mechanism of injury occurred when the injured worker was closing windows and flipper doors on a [redacted] train and felt a little pain. The injured worker reportedly did not seek treatment initially; but on 09/19/2013, the injured worker reportedly pulled up a window and felt a severe ache in the front and back of the shoulder and treated it with ice. Pain was reported at a 0-9/10 at rest and was aggravated by reaching out and repetitive movements with the left arm and was relieved by Biofreeze, ice and Norco. Objectively, the injured worker was treated with a TENS unit and MHP times 10 minutes as well as being instructed on a home exercise program. On palpation, there was tenderness to palpation to the supraspinatus and greater tuberosity. The diagnosis includes disorders of bursae and tendons in shoulder region, unspecified. An official MRI of the shoulder revealed no tear, degenerative joint disease and supra/infraspinatus tendinosis. Other objective findings were that the injured worker had a positive painful arc test, and the injured worker demonstrated painful range of motion but was within funcitonal limits and weakness limited by pain. There was tenderness and pain to palpation of the rotator cuff and a positive impingement test consistent with MRI findings. It was noted that the injured worker would benefit from continued therapy to improve impairments and functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The CA MTUS Guidelines state TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial. The request for the DME home TENS unit is non-certified. The injured worker did present with some impairment and functional limitations. The California MTUS Guidelines recommend a TENS unit for a 1 month trial but not as a primary treatment modality. It is noted on 10/20/2013 that the injured worker did receive a TENS unit treatment times 10 minutes; however, it did not indicate whether the injured worker had used it for a month as well as providing the response from treatment. The request is for a TENS unit; however, it is not clear whether it is for rental or purchase. As such, the request is non-certified.