

Case Number:	CM13-0066037		
Date Assigned:	01/03/2014	Date of Injury:	09/02/2005
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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:

According to the records made available for review, this is a 64-year-old male with a 9/2/05 date of injury. At the time of request for authorization for extended rental of TENS unit (months) QTY 6.00, there is documentation of subjective (right shoulder pain, right elbow pain, and bilateral upper extremity pain) and objective (tenderness to palpation over the bilateral shoulders with restricted range of motion, positive impingement signs including Hawkins and Neer's, and pain with internal rotation) findings, current diagnoses (chronic shoulder derangement/labral tear, bilateral shoulder bursitis with impingement, bilateral acromioclavicular joint osteoarthritis, supraspinatus tendinosis, tear in the anterior fibers of right distal supraspinatus tendon, and tear in the distal supraspinatus tendon), and treatment to date (activity modification, physical therapy, cortisone injections, and medications). There is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use).

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED RENTAL OF TENS UNIT (MONTHS) QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 TENS, chronic pain (transcutaneous electrical nerve st.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued use of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of chronic shoulder derangement/labral tear, bilateral shoulder bursitis with impingement, bilateral acromioclavicular joint osteoarthritis, supraspinatus tendinosis, tear in the anterior fibers of right distal supraspinatus tendon, and tear in the distal supraspinatus tendon. In addition, there is documentation of previous use of a TENS unit. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for extended rental of TENS unit (months) QTY 6.00 is not medically necessary.