

Case Number:	CM13-0066391		
Date Assigned:	01/03/2014	Date of Injury:	02/11/2002
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 48 year old female patient with a 2/11/02 date of injury. The patient is noted to have chronic cervical and right shoulder complaints. Review of records indicates that she has elbow pain. She takes oral medications and uses topical creams. Examination showed diminished sensation at C6. She is noted to be s/p right shoulder arthroscopic surgery with distal clavicle resection. There is documentation of a previous adverse determination 12/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO TECH MULTI STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However,

in this case, there is little information regarding the patient's treatment history over the last several months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific duration or request for a trial. It is also unclear why a multi-modality unit would be required. The request for a Pro-tech multi stimulator is not medically necessary and appropriate.