

Case Number:	CM13-0069344		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2011
Decision Date:	06/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 & 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 49 year-old female with a 10/21/2011 date of injury. She has been diagnosed with rotator cuff sprain; osteoarthritis shoulder region; articular cartilage disorder, shoulder region. According to the 10/3/13 orthopedic report from [REDACTED], the patient presents with right shoulder pain and popping and inability to reach for objects above shoulder level or behind her back. [REDACTED] states the patient has medical clearance from [REDACTED] on 9/26/13 for right shoulder arthroscopic surgery. The plan was to schedule her for surgery. On 11/19/13 a UR recommended denial for a TENS unit with 4 leads for multiple nerve stimulation. The 10/17/13 PR2 was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR (4) OR MORE LEADS FOR MULTIPLE NERVE STIMULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, for TENS Criteria for the use of TENS: Page(.

Decision rationale: According to the UR letter, the request for the TENS was from a 10/17/13 report which was not provided for this IMR. There is no mention of TENS on the 10/16/13 operative report, or the 10/3/13 pre-operative report. The MTUS Chronic Pain Guidelines for postsurgical use of TENS states: "The proposed necessity of the unit should be documented upon request." There is no report of a 30-day TENS trial. There are no medical records provided for review that request a TENS, or provide a rationale for a TENS. The request for a TENS unit without a rationale is not in accordance with the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.