

Case Number:	CM13-0069478		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2013
Decision Date:	04/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery and Hand Surgery 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 63-year-old female who sustained an injury when she was hit by a motor vehicle on 02/21/2013. The patient was evaluated on 11/13/2013 with complaints of neck pain, lower back pain and left shoulder pain. Physical examination noted the patient to have guarded active and passive range of motion to the left shoulder and diffuse tenderness. The documentation additionally noted that the patient had bicipital groove diffusely tender. The physical examination noted the patient to have a positive Hawkins sign and impingement sign. The patient's diagnosis was noted as left shoulder impingement, left shoulder subacromial bursitis, left shoulder rotator cuff tenosynovitis and tendonitis and cervical strain with underlying cervical spondylosis. The treatment plan indicated the use of a cortisone injection into the subacromial space and medications to include Norco 1 tablet every 6 to 8 hours as needed for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE purchase combo TENS unit with HAN and supplies for the left shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 114-115.

Decision rationale: The Expert Reviewer's decision rationale: The request for a retrospective purchase of a combo TENS unit with HAN and supplies for the left shoulder pain is non-certified. The California MTUS Guidelines recommend the use of TENS units for neuropathic pain, phantom limb pain and CRPS-II, spasticity and multiple sclerosis when they cause chronic intractable pain. The documentation submitted for review did not indicate that the patient had any condition for which the unit is recommended. Furthermore, the documentation submitted for review did not indicate the patient to have chronic intractable pain. The California MTUS Guidelines additionally state that a 1 month trial period of a TENS unit should include documentation of how often the unit was used as well as outcomes in terms of pain relief and function. The documentation submitted for review did not indicate the patient had undergone a 1 month trial with the use of the unit. Furthermore, the guidelines state that rental would be preferred over purchase during the trial period. There was no indication in the documentation submitted for review that the patient underwent a rental trial. Therefore, the purchase of a unit is not supported. Given the information submitted for review, the request for a retrospective purchase of a combo TENS unit with HAN and supplies for the left shoulder pain is non-certified.