

Case Number:	CM13-0069874		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2012
Decision Date:	06/13/2014	UR Denial Date:	12/05/2013
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 Occupational Medicine 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 applicant has filed a claim for chronic shoulder pain reportedly associated with industrial injury of January 7, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy in May 2012; and extensive periods of time off of work. The applicant has apparently been given permanent work restrictions which have resulted in his removal from the workplace. In a Utilization Review Report of December 5, 2013, the claims administrator partially certified a request for transcutaneous electrical nerve stimulation (TENS) unit purchase as a 30-day trial of said TENS unit. The applicant's attorney subsequently appealed. A December 18, 2012 progress note is notable for comments that the applicant is off of work, on total temporary disability as his employer is apparently unable to accommodate his limitations. An August 1, 2013 progress note is notable for comments that the applicant is becoming depressed owing to chronic pain constraints. The applicant was apparently given a 14 percent whole-person impairment rating on January 23, 2013. On September 30, 2013, authorization was sought for a functional restoration program. The applicant was described as reporting incomplete analgesia with Norco, Valium, and Prozac as of that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE, ELECTRODES, SET UP AND DELIVERY FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a transcutaneous electrical nerve stimulation (TENS) unit should be predicated on evidence of favorable outcome in terms of both pain relief and function following an earlier one-month trial of the same. In this case, however, there is indication or evidence that the applicant had in fact received a successful one-month trial of the TENS unit device in question before a request to purchase the device was made. Therefore, the request is not medically necessary.