

Case Number:	CM13-0071460		
Date Assigned:	01/08/2014	Date of Injury:	04/27/2010
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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, 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 53 year-old male with an April 27, 2010 date of injury. According to the December 5, 2013 neurology report from [REDACTED], the patient was on a roof removing a broken tree and fell and injured his neck and left shoulder. He underwent a shoulder surgery and had EMG (electrogyogram) studies shoing ulnar neuropathy. Ulnar nerve transposition did not help the pain. Currently, he is diagnosed with chronic pain, s/p traction injury from fall off a roof at work; complex regional syndrome and he uses tramadol and ibuprofen and occasionally amitriptyline. On December 18, 2013 UR recommended against supplies for a TENS (transcutaneous electrical nerve stimulation) unit

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PURCHASE FOR SUPPLIES FOR EXISTING TENS UNIT, DOS 11/17/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, for TENS Page(s): 114-121.

Decision rationale: The patient is a 53 year-old male who injured his neck and left shoulder from a traction type injury when he fell from a roof on April 27, 2010. He underwent left shoulder surgery and surgery for ulnar nerve transposition, and went on to develop CRPS (complex regional pain syndrome). This IMR request is for necessity of supplies for an existing TENS unit. There is no specific description of what supplies are requested. There are no medical reports provided for this IMR, that discuss a TENS unit, or specify what supplies are needed. The 12/5/13 report states the patient already has a spinal cord stimulator. The Chronic Pain Medical Treatment Guidelines criteria for TENS requires documentation that other pain modalities have been tried and failed, and also require a 1-month trial period. The patient may or may not have had these items in the past, but based on the information provided for this IMR, it does not appear there has been a trial of TENS, and it does not appear that prior use of the TENS as beneficial since the patient underwent the spinal cord stimulator implant. Based on the available documentation, the Chronic Pain Medical Treatment Guidelines criteria for TENS has not been met. The retrospective request for the purchase of supplies for an existing TENS unit, provided on November 17, 2013, is not medically necessary or appropriate.