

Case Number:	CM14-0101039		
Date Assigned:	07/30/2014	Date of Injury:	12/11/2005
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehab 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 injured worker is a 64-year-old female who reported an injury to her right shoulder due to continuous trauma and heavy lifting on 12/11/2005. On 05/15/2014, she reported chronic right cervical radicular symptoms with right shoulder pain, associated with numbness, tingling, and weakness in the arms and hands. She described the pain as constant in frequency and severity and rated it at 3/10 at its best at 9/10 at its worst. The pain was aggravated by bending forward or backward, pushing, reaching, and standing. The pain was relieved with rest, medication, ice, sitting, and lying down. The treatment plan was to continue with chiropractic physiotherapy once a week and a TENS unit. On 10/10/2013, her diagnoses included rotator cuff syndrome of shoulder, carpal tunnel syndrome, and disorders of the bursae and tendons in the shoulder region. The plan was to continue with chiropractic physiotherapy once a week and TENS unit. On 08/15/2012, it was noted that the injured worker had tried and failed physical therapy, exercise, medication, and clinical TENS. "The TENS was not indicated per ODG, nor well-suited due to ongoing soft tissue concerns". There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) guidelines Page(s): 114-116.

Decision rationale: The request for TENS Unit is not medically necessary. The California MTUS Guidelines recommend TENS units as being non-recommended as a primary treatment modality, but a 1 month home-based TENS unit trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration in neuropathic pain, phantom limb pain, CRPS II, spasticity, or multiple sclerosis. The documentation submitted notes that this worker has been using a TENS unit from 10/10/2013 through 05/15/2014. There was no documentation of any functional benefits or pain reduction based on the use of the TENS unit. Additionally, the request did not state whether this request was for a rental or purchase. Furthermore, the body part or parts on which the TENS unit was supposed to have been used was not specified. Therefore, this request for TENS Unit is not medically necessary.