

Case Number:	CM14-0104037		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2013
Decision Date:	09/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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:

This is a 45-year-old female with a 9/12/13 date of injury. The exact mechanism of injury was not described. On 6/23/14, it was noted that the patient has been improving and workign in physical therapy. She is on her second course of PT. She is scheduled to see an endocrinologist. She has numb toes. Objective exam shows decreased ROM. On 4/7/14, the patient complained of persistent pain. There were no objective physical exam findings documented. Treatment plan included a TENS unit. On 4/18/14, the patient had physical therapy. Objective exam of the right shoulder showed decreased ROM. Diagnostic Impression: right shoulder pain, Adhesive capsulitis. Treatment to date: physical therapy.A UR decision dated 6/19/14 denied the request for the TENS unit due to lack of objective physical exam provided on physical examination. There was no evidence of neuropathic pain, phantom limb pain, CRPS II, multiple sclerosis, or spinal cord injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Device for Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, this request is for the purchase of a TENS unit, and there is no documentation of a successful TENS unit trial. It is unclear why the patient would need to purchase the unit as opposed to a rental. In addition, there is no documentation of failure of other conservative options, and in fact, the patient is noted to be improving with physical therapy. Therefore, the request for TENS Unit Device for Purchase was not medically necessary.