

Case Number:	CM14-0114696		
Date Assigned:	08/04/2014	Date of Injury:	08/25/2011
Decision Date:	10/01/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 61-year-old female with a date of injury of 08/25/2011. The listed diagnoses per [REDACTED] are: 1. Status post right subacromial decompression 01/28/2014. 2. Lumbar strain with right lower extremity radiculopathy. 3. Right cubital tunnel syndrome. 4. Right wrist strain. 5. Right breast contusion. 6. Right-sided greater trochanteric bursitis. 7. Bilateral knee osteoarthritis. 8. Head trauma. 9. Depression. According to progress report 4/29/14, the patient presents with low back and right shoulder pain. She also complains of right-sided neck pain. Examination of the shoulder revealed tenderness in the right anterior capsule and right acromioclavicular joint. ROM is restricted. This is a request for 3-month supplies of batteries and electrodes for a TENS unit which is owned by the patient. Utilization review denied the request on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Months Supply of Batteries & Electrodes (Purchase): 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 Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation);

Decision rationale: This patient presents with continued aching pain in his right shoulder and low back. The provider has requested a 3-month supply of batteries and electrodes for a TENS unit. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated a 30-day home trial is recommended and with documentation of function improvement, additional usage may be indicated. In this case, review of the medical file which includes progress reports from 07/23 through 07/22/2014 does not provide discussion of functional improvement or efficacy of the TENS unit. It is unclear how long the patient has utilized the unit and what the outcome from the treatment was. MTUS allows for extended use of a TENS unit when there is documentation of functional improvement. Recommendation is for denial.