

Case Number:	CM14-0123382		
Date Assigned:	08/08/2014	Date of Injury:	02/29/2012
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 29, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated August 1, 2014, the claims administrator denied a request for a TENS unit purchase. The claims administrator stated that he was basing his decision on a Request for Authorization Form dated July 25, 2014. This Request for Authorization Form and/or any associated progress notes, however, did not appear to have been incorporated into the Independent Medical Review packet. In a handwritten progress note dated May 30, 2014, difficult to follow, not entirely legible, the injured worker received a variety of passive modalities, including acupuncture, electrical stimulation, myofascial release, and infrared therapy. The injured worker's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Transcutaneous electrical nerve Stimulator (TENS) Unit for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve Stimulator (TENS).

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome in terms of both pain relief and function during said one-month trial. In this case, however, the limited information on file did not outline evidence of a favorable one-month trial of the TENS unit in question. The injured worker's work and functional status were not clearly stated. The injured worker's response to a prior one-month trial of a TENS unit (if any) was not clearly outlined. It is acknowledged that the July 20, 2014 RFA form was not incorporated into the Independent Medical Review packet. The information which is on file, however, does not support or substantiate the request. Therefore, the request is not medically necessary.