

Case Number:	CM14-0138029		
Date Assigned:	09/05/2014	Date of Injury:	03/07/2014
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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:

Patient is a 47 year-old female with date of injury 03/07/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/29/2014, lists subjective complaints as pain in the right shoulder, neck, and elbow with numbness and weakness. Objective findings: palpation of the cervical spine revealed myospasm and elicited pain at the C3-T4, right trapezius and right supraspinatus muscle. Cervical and shoulder range of motion were full with myospasm and pain. Muscle strength and reflexes of the neck and upper extremities were within normal limits. Diagnosis: 1. Cervical strain/sprain 2. Right shoulder strain/sprain 3. Right cervical neuralgia 4. Cervical facet injury 5. Cervical intervertebral disc injury 6. Right elbow strain/sprain. Right shoulder MRI scans on 06/16/2014 showed mild supraspinatus-infraspinatus tendinosis with slight bursal inflammation but no effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 07/29/14) transcutaneous electrical nerve stimulation (TENS) device (with 2 lead localized stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed.