

Case Number:	CM14-0139631		
Date Assigned:	09/05/2014	Date of Injury:	02/19/2013
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 02/19/2013 after a fall. The injured worker reportedly sustained a proximal humerus fracture. The injured worker underwent a Qualified Medical Evaluation on 07/16/2014. It was noted that the injured worker's treatment history included aquatic therapy, physical therapy, and medications. Physical findings included restricted range of motion of the right shoulder, tenderness to the parascapular bursa and subacromial bursa. It was suggested that further orthopedic evaluations, physical therapy, and nonsteroidal anti-inflammatory medications would be necessary to assist with further treatments of the alleged injury. A request for made for a TENS unit for the right shoulder; however, no justification for the request was provided. No Request for Authorization Form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, Page(s): 114.

Decision rationale: The MTUS Chronic Pain Guidelines recommends a 30 day home trial as an adjunctive treatment to an active therapeutic program. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a 30 day home trial to support the purchase of a TENS unit. Additionally, there is no documentation that the injured worker is currently participating in any type of active therapeutic program such as a home exercise program. Furthermore, the request as it is submitted does not clearly identify whether the requested durable medical equipment is for rental or purchase. In the absence of this information, the appropriateness of the TENS unit for the right shoulder is not medically necessary or appropriate.