

Case Number:	CM14-0151560		
Date Assigned:	09/19/2014	Date of Injury:	09/08/2012
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 69-year-old male with a 9/8/12 date of injury. At the time (8/19/14) of the request for authorization for TENS unit rental 30 days, there is documentation of subjective (pain right shoulder, limited motion) and objective (right shoulder active assist range of motion forward flexion 90, extension 30, abduction 90, external rotation 10, internal rotation 15; pain with resistance testing, internal rotation 5-, external rotation 5-, supraspinatus 4+) findings, current diagnoses (severe lumbosacral sprain/strain, lumbar degenerative disc disease, and right shoulder adhesive capsulitis, status post open reduction internal fixation right humerus fracture), and treatment to date (physical therapy and medication). There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of severe lumbosacral sprain/strain, lumbar degenerative disc disease, and right shoulder adhesive capsulitis, status post open reduction internal fixation right humerus fracture. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. Furthermore, given the request for TENS unit rental 30 days, there is documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for TENS unit rental 30 days is not medically necessary.