

Case Number:	CM14-0162853		
Date Assigned:	10/08/2014	Date of Injury:	01/01/2003
Decision Date:	11/20/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation, Spinal Cord Injury, and is licensed to practice in New York. 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 52-year-old male who reported an injury on 01/01/2003 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral shoulders. The injured worker's treatment history included activity modifications, ergonomic work modifications, physical therapy, surgical intervention, and postoperative physical therapy. The injured worker was evaluated on 09/23/2014. No objective findings were provided. The injured worker's diagnoses included cervical radiculopathy. The injured worker's treatment plan included a refill of TENS unit supplies. A Request for Authorization form was submitted on 09/25/2014 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 Supplies for 1 Year (Electrode and Batteries): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: The requested TENS supplies for 1 year (electrode and batteries) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule

recommends the ongoing use of a TENS unit be supported by documented functional benefit and symptom relief. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's injuries to support the need for ongoing use of a TENS unit. There is no documentation of pain or limited function resulting in the need for continued use of a TENS unit. Therefore, the need for supplies would also not be supported. As such, the requested TENS supplies for 1 year (electrode and batteries) is not medically necessary or appropriate.