

Case Number:	CM14-0020928		
Date Assigned:	04/30/2014	Date of Injury:	08/01/2004
Decision Date:	07/08/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 Orthopedic Surgery 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 employee is a 41 year old that sustained a work related injury on August 1, 2004. No noted mechanism of injury is reported. Prior treatment has included physical therapy, chiropractic care, acupuncture, and oral medications. A note dated February 18, 2013, states that some benefit was obtained using a TENS unit while in physical therapy. There was also mention of lack of tolerance of oral medications. Prior PR-2 physician reports are largely illegible. A utilization review dated February 17, 2014, stated that the use of a TENS unit and myofascial treatment was not certified as no physical therapy notes were provided documenting a trial of a TENS unit. There was also no documentation of other physical therapy effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS UNIT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation (HWT) Page(s): 117.

Decision rationale: There is no evidence provided in the attached medical record from physical therapy annotating any benefit of therapy or from use of a TENS unit. This information must be

provided before the request for a TENS unit for home use is made. The request is not medically necessary.

MYOFASCIAL TREATMENT BILATERAL UPPER EXTREMITIES (BUE) 2X4:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: As with the prior utilization review, there is still no evidence provided in the attached medical record from physical therapy annotating any benefit or progress of therapy or with use of a TENS unit. This information must be provided before the request for a TENS unit for home use is made. The request is not medically necessary.