

Case Number:	CM14-0032743		
Date Assigned:	06/20/2014	Date of Injury:	06/08/2004
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 55-year-old male who was reportedly injured on June 8, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 1, 2014, indicated that there were ongoing complaints of left shoulder pain that was slowly improving. The physical examination demonstrated tenderness over the anterior capsule of the left shoulder as well as the upper trapezius and posterior scapular musculatures. Muscle spasms and myofascial trigger points were noted. There was decreased left shoulder range of motion. The treatment plan recommended continuing with a home exercise program to increase range of motion and strength. A request had been made for use of a transcutaneous electrical nerve stimulator (TENS) unit and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS unit (duration unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 114-115.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, the use of a TENS unit is recommended if other methods of conservative treatment have been tried and failed. According to the medical note, dated April 1, 2014, the injured employee was improving with his left shoulder pain and is continuing with a home exercise emphasizing range of motion and strengthening. Therefore, it would appear that other conservative measures have not failed. This request for a TENS unit is not medically necessary.