

Case Number:	CM14-0032826		
Date Assigned:	06/25/2014	Date of Injury:	06/26/2003
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 46 year-old individual was reportedly injured on June 26, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of low back and right shoulder pain. The physical examination demonstrated a well healed surgical scar and a full range of motion of the cervical spine, tenderness to palpation of the right shoulder. A positive Hawkins and a positive O'Brien sign are noted. Diagnostic imaging studies were not reviewed. Previous treatment includes surgical intervention and multiple medications. A request had been made for transcutaneous electrical nerve stimulation (TENS) unit with supplies and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit machine with supplies and replacement batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116 of 127.

Decision rationale: When noting the date of injury, the injury sustained and the current physical examination reported there is insufficient clinical data presented to suggest the need for a tens unit or replacement of supplies. There is no objectification of any efficacy or utility with this device. Therefore, no medical necessity has been established.