

Case Number:	CM14-0044130		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2011
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 Neurological 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 worker is a 47-year-old female who was reportedly injured on May 30, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 2, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, right arm numbness, anxiety, and depression. The physical examination demonstrated tenderness and spasms along the right side paracervical muscles and the medial scapular border. There was decreased cervical spine range of motion. The upper extremity neurological examination was normal. Previous treatment includes physical therapy for the cervical spine. A request had been made for a transcutaneous electrical nerve stimulator (TENS) unit for the right shoulder and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 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 transcutaneous electrical nerve stimulator (TENS) unit is recommended as an optional treatment for individuals with neuropathic pain. According to the attached medical record the injured employee does not have any neuropathy or radicular findings and there has been a normal neurological examination. This request for the use of a TENS unit for the right shoulder is not medically necessary.