

Case Number:	CM14-0048236		
Date Assigned:	07/02/2014	Date of Injury:	04/16/2013
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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:

This patient is a 30 year-old male with date of injury 04/16/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/12/2013, lists subjective complaints as neck pain, left shoulder pain, and back pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation and muscle spasm. The foraminal compression test on the left produced pain over the nuchal ligament. Range of motion was limited secondary to pain. Examination of the left shoulder revealed crepitus on the left side, reduced range of motion and tenderness to palpation of the acromioclavicular region, anterior acromion and bicipital groove. Examination of the lumbar spine revealed decreased range of motion, spasm, and tenderness to palpation of the paraspinal muscles. Diagnosis: 1. Cervical spine sprain/strain with residual symptoms 2. Lumbar spine strain/sprain with residual symptoms 3. Resolved left knee strain 4. Resolved left ankle strain 5. Resolved rib cage strain 6. Left shoulder impingement syndrome 7. Head trauma resolved, with residual headaches, infrequent. Prior medical treatment had included medications, 12 sessions of PT, steroid injections and 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement TENS Units and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 114-117.

Decision rationale: The medical record contains no documentation that the patient has received to benefit from the previous TENS unit. There is no documentation that the patient has had any functional improvement by using the TENS unit. Therefore this request is not medically necessary.