

Case Number:	CM14-0062777		
Date Assigned:	07/11/2014	Date of Injury:	10/04/2001
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 is a 53-year-old female patient with a 10/4/01 date of injury. A progress report dated on 10/3/13 indicated that the patient had increased left shoulder pain, which bothered her at night. She also stated that a right knee injection helped her with great results, but only for a short period of time. Physical exam revealed a tender left shoulder over the anterior cuff. She had positive impingement sign. Her left hand showed mild diminished sensation in the median nerve distribution. She was diagnosed with Left knee internal derangement, s/p Right knee medial meniscectomy, s/p Right shoulder rotator cuff repair, and cervical degenerative disc disease. Treatment to date: medication management. There is documentation of a previous 4/24/14 adverse determination. The decision for denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (TENS UNIT) Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, there is no documentation of a prior trial with a TENS unit. It is unclear why a TENS unit purchase is being requested as opposed to a rental. Therefore, the request for Purchase of TENS unit with supplies was not medically necessary.