

Case Number:	CM14-0071742		
Date Assigned:	07/16/2014	Date of Injury:	09/12/2013
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 12, 2013. The applicant's case and care have been complicated by comorbid diabetes, it is incidentally noted, Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a request for four-lead TENS unit. The applicant's attorney subsequently appealed. On December 13, 2013, the applicant presented with persistent complaints of shoulder pain. The applicant was insulin dependent diabetic, it was stated. The applicant had a classic case of adhesive capsulitis. The applicant was asked to pursue physical therapy. The applicant was off work, it was acknowledged. On June 23, 2014, the applicant was again described as having ongoing issues of adhesive capsulitis and poorly controlled diabetes with a most recent hemoglobin A1C of 13. The applicant was placed off work, on total temporary disability. On April 18, 2014, the applicant was again placed off work, on total temporary disability. It was again stated that the applicant's diabetes was very poorly controlled. The remainder of the file was surveyed. There was no evidence on file suggesting that the applicant had used a TENS unit on a trial basis before a request for authorization to purchase the same was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS (Transcutaneous Electrical Nerve Stimulation) unit with four leads, QTY: 1: 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 Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a successful one-month trial period of the TENS unit, with favorable outcomes in terms of both pain relief and function, is a prerequisite to purchasing the same. In this case, the attending provider has seemingly sought authorization to purchase the TENS unit without an intervening one-month trial of the same. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also states that other appropriate pain modalities, including pain medications, should be tried and/or failed before a TENS unit rental request is made. In this case, there is no evidence that first-line analgesic medications were tried and/or failed before the TENS unit was considered. Finally, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also states that a two-lead unit is generally recommended as opposed to the four-lead unit being sought here. In this case, the attending provider did not furnish any compelling applicant-specific information or medical evidence to support provision of the four-lead TENS unit in the face of the unfavorable MTUS position on the same. For all of the stated reasons therefore, this request is not medically necessary.