

Case Number:	CM14-0072022		
Date Assigned:	07/16/2014	Date of Injury:	06/17/2013
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
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 June 17, 2013. 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; earlier carpal tunnel release surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 14, 2014, the claims administrator apparently denied a request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The claims administrator did not clearly state whether or not the request was being considered a purchase or a rental. In a July 1, 2014 progress note, the applicant was described as off of work, on total temporary disability owing to persistent complaints of bilateral wrists and shoulder pain. The applicant had transferred care from another treating provider, it was acknowledged. It was stated that the applicant did not have access to a brace, hot and cold wrap, or a TENS unit, it was stated in one section of the report. In another section of the report, somewhat incongruously, the attending provider sought authorization for an in-home Transcutaneous Electrical Nerve Stimulation (TENS) unit with conductive garment. On April 30, 2014, the applicant reported persistent complaints of bilateral shoulder and wrist pain. Authorization was sought for an in-home TENS unit. Corticosteroid injection therapy was also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Based on comments made by the attending provider and claims administrator, it appears that the request has been interpreted as a purchase of the device. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrical Nerve Stimulation (TENS) units should be purchased only after completion of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, it appears that the attending provider has sought authorization to purchase the device without evidence of a prior successful one-month trial of the same. This is not indicated. Therefore, the request is not medically necessary.