

Case Number:	CM14-0089855		
Date Assigned:	07/23/2014	Date of Injury:	05/20/2011
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation 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 40-year-old female who reported an injury on 05/20/2011. A bookshelf fell onto the patient. The injured worker reportedly sustained an injury to her right elbow and forearm. The injured worker's treatment history included physical therapy, medications, and shockwave therapy. The injured worker was evaluated on 05/08/2014. A request was made for a 6 month rental of a TENS unit. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months rental of Neurostimulator Transcutaneous Electric Nerve Stimulator/Electronic Muscled stimulator Unit (TENS/EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The requested 6 months rental of a neurostimulator transcutaneous electrical nerve stimulator is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a 30 day trial of a TENS unit as an adjunct to treatment to a physical therapeutic program. The clinical documentation submitted for review does not provide

any evidence that the injured worker has undergone a 30 day trial to establish efficacy of treatment and support and extended duration of use of this type of equipment. Furthermore, the clinical documentation submitted for review does not support that the injured worker is currently participating in a home exercise program. As such, the requested 6 months rental of a neurostimulator transcutaneous electric nerve stimulator/electric muscle stimulator unit (TENS/EMS) is not medically necessary or appropriate.