

Case Number:	CM14-0099165		
Date Assigned:	07/28/2014	Date of Injury:	07/14/1997
Decision Date:	09/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management and is licensed to practice in Texas and Florida. 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 patient is a 67 year old female who was injured on 7/14/1997. The diagnoses are left shoulder pain, myalgia, peripheral neuropathy and Complex Regional Pain Syndrome (CRPS). The past surgery history is significant for right shoulder rotator cuff surgery in 1997. On 5/27/2014, [REDACTED] noted subjective complaints of left shoulder and left hand pain. There was decreased range of motion in affected joints and tender taut bands in the trapezius muscle. The patient completed Physical Therapy (PT), Botox injections, Home Exercise Program and Functional Restoration Program. It was reported that the use of Transcutaneous Electrical Nerve Stimulation (TENS) Unit resulted in significant reduction in pain and increase in range of motion. The medication is listed as oxycodone for pain. A Utilization Review determination was rendered on 5/28/2014 recommending non certification for the Purchase on TENS Unit with Supplies 99 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS Unit and Supplies for 99 month: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) addressed the use of therapeutic electrical stimulation therapy for the treatment of chronic pain. The long term use of TENS Unit is indicated after documented report of significant pain relief, reduction of medication utilization and increase in range of motion following a supervised 1 month trial of TENS Unit treatment. The record indicate that the patient had significant beneficial effects from the use of TENS Unit. It was reported that her TENS equipment is no longer functional. The criteria for the purchase of TENS Unit and Supplies 99 months was met.