

Case Number:	CM14-0123384		
Date Assigned:	08/08/2014	Date of Injury:	05/20/2013
Decision Date:	01/02/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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:

Patient is a 54 year-old male with date of injury 05/20/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/20/2014, lists subjective complaints as pain in the bilateral shoulders. Patient is status post intraarticular shaving and subacromial decompression of the right shoulder on 01/21/2014. Objective findings: Examination of the right shoulder revealed reduced range of motion. There was good strength of the supraspinatus on the right. There was good strength to external rotation testing on the right. Neurovascular status was intact. Good appearance of the biceps muscle was noted. Diagnosis: Status post right shoulder surgery 2. Status post medial meniscectomy, right knee 3. Shoulder pain, left shoulder. No mention of any previous use of a TENS unit or functional improvement was noted by the provider in the PR-2 associated with the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental times 1 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed and the original request is open-ended. TENS unit rental times 1 unit is not medically necessary.

Purchase of electrodes times 4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the TENS unit is not medically necessary the purchase of electrodes times 4 months is not medically necessary.

Purchase of batteries times 4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the TENS unit is not medically necessary the purchase of batteries times 4 months is not medically necessary.