

Case Number:	CM14-0182495		
Date Assigned:	11/07/2014	Date of Injury:	03/06/2013
Decision Date:	01/06/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 32 year-old female with date of injury 03/06/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective complaints as pain in the left shoulder. Objective findings: Examination of the cervical spine and left shoulder revealed tenderness to palpation of the cervical paraspinals bilaterally and restricted range of motion in all planes. Tenderness was noted about the acromioclavicular joint and bicipital groove. Positive Hawkins and Neer tests. Nerve and motor testing were normal. Diagnosis: 1. Left carpal tunnel syndrome 2. Left shoulder tendinitis 3. Status post right carpal tunnel release 4. Cervical disc herniation C5, C6 and C7 with radicular symptoms. There was no documentation that the patient has attended any physical therapy or had used a TENS previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS Unit trial for 30 days to the left shoulder: Overturned

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 noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. I am reversing the previous utilization review decision. Home TENS Unit trial for 30 days to the left shoulder is medically necessary.