

Case Number:	CM14-0189580		
Date Assigned:	11/20/2014	Date of Injury:	05/27/1997
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 May 27, 1997. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve a request for a TENS unit, lead wires, and battery for the shoulder. The claims administrator stated that its decision was based on an October 6, 2014 RFA form and associated October 3, 2014 chiropractic progress note. On July 24, 2014, the applicant's primary treating provider, a chiropractor, endorsed eight sessions of physical therapy owing to reported flare in shoulder pain. In an October 3, 2014 progress note, the applicant was given a diagnosis of shoulder pain. Authorization for a TENS unit, lead wires, pads, and battery was sought. In a letter dated October 14, 2014, the requesting provider stated that he was not seeking TENS unit but, rather, was seeking wires, pads, and batteries who had previously provided TENS unit. In a progress note dated August 18, 2014, the reported ongoing complaints of right shoulder pain, recently aggravated by digging a ditch and sweeping a pool. The applicant was using oxycodone and Motrin. Additional physical therapy was sought. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN unit, lead wires, pads, battery for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Mtus 9792.20f Page(s): 116.

Decision rationale: The requesting provider suggested in an October 14, 2014 progress note that the applicant had previously been provided the TENS unit at issue. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial in terms of both pain relief and function. Here, however, the applicant's shoulder pain was described as having recently flared in September and October 2014. The applicant was still using medications including oxycodone and Motrin. The attending provider did not outline the applicant's work status on several progress notes, referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit at issue. Therefore, the request for purchase of associated supplies to include lead wires, pads, and battery is not medically necessary.