

Case Number:	CM14-0200244		
Date Assigned:	12/10/2014	Date of Injury:	09/08/2008
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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:

This is a female patient with the date of injury of September 8, 2008. A Utilization Review dated November 14, 2014 recommended non-certification of DME: TENS Unit and Electrodes Combo Pack x 1 month rental. An Encounter Note dated November 5, 2014 identifies Chief Complaints of shoulder joint pain, radiation of pain to right elbow and forearm. Physical Exam identifies shoulder elevated on left side. Hand grip strength 4+/5. Pain with right shoulder flexion and extension. Diagnoses identify shoulder joint pain, psychophysiological disorder, carpal tunnel syndrome, depressive disorder, and psychalgia. Treatment Plan identifies authorization for TENS unit. Patient reports positive therapeutic benefit from previous trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS Unit and Electrodes Combo Pack x 1 Month Rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for DME: TENS Unit and Electrodes Combo Pack x 1 Month Rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical

nerve stimulation (TENS) is not recommended 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is note that the patient has undergone a TENS unit trial. However, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Furthermore, there is no indication of how often the unit was used, as well as outcomes in terms of pain relief and function. In the absence of clarity regarding those issues, the currently requested DME: TENS Unit and Electrodes Combo Pack x 1 Month Rental is not medically necessary.