

Case Number:	CM14-0065014		
Date Assigned:	07/11/2014	Date of Injury:	05/21/2013
Decision Date:	04/13/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 injured worker is a 60-year-old male, who sustained an industrial injury on 05/21/2013. He has reported subsequent shoulder, upper extremity and lower extremity pain and was diagnosed with sprain of the shoulder and upper arm, prepatellar bursitis and contusion of knee. Treatment to date has included physical therapy, knee, and back braces. In a progress note dated 01/21/2014, the injured worker was noted to present with deficits in pain, mobility, strength, endurance and function. There was no documentation submitted that pertains to the current treatment request. On 04/14/2014, Utilization Review non-certified a request for TENS unit, noting that there was a lack of evidence concerning effectiveness. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic pain involving the shoulder and upper arm, the knee cap, and knee. The documentation does not mention a trial of a TENS unit. Transcutaneous nerve stimulation may be clinically useful to treat some cases of post-operative pain. TENS is experimental for most other clinical applications. The documentation does not specify what medical condition the treating physician plans to use for the TENS. Based on the documentation TENS is not medically indicated.