

Case Number:	CM14-0091564		
Date Assigned:	09/12/2014	Date of Injury:	08/15/2011
Decision Date:	02/17/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/17/2014

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:

This individual is a 53 y/o female who developed persistent right shoulder discomfort subsequent to an injury dated 8/15/11. Due to persistent symptoms she underwent a right shoulder arthroscopy on 6/9/14 for impingement syndrome. No significant pathology was found during surgery and postoperative physical therapy was instituted. There is a vendor's request for transcutaneous electrotherapy supplies, but the request does not have the physician's signature. In addition, there is no mention of a previous trial of any unit in the physician's narrative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes, power pack, TT & SS lead wires, Adhesive remover for 3 months, shipping and handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: MTUS Guidelines are very specific in stating that before long term use of a TENS device there should be a 30 day rental and trial with clear evidence of pain relief and functional benefits. These standards have not been met with this request and it is inadequately

documented if the treating physician has actually requested the supplies. The electrodes, power pack, TT & SS lead wires, adhesive remover for 3 months, shipping and handlings are not medically necessary.