

Case Number:	CM15-0133346		
Date Assigned:	07/21/2015	Date of Injury:	11/01/2013
Decision Date:	08/21/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York

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 female with an industrial injury dated 11/01/2013. The injured worker's diagnoses include status post right shoulder surgery. Treatment consisted of prescribed medications, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 05/29/2015, the injured worker reported ongoing right shoulder pain. The injured worker rated pain a 4 to 6. Objective findings revealed dipping towards the medial border on the right side of supraspinatus area, weak strength at the grasp and some signs of depression. The treatment plan consisted of medication management, diagnostic testing and follow up. The treating physician prescribed services for durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) - Criteria for the use of TENS.

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

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient was not documented to have failed all conservative therapy at this point. It is customary to have a one month home trial of TENS unit prior to purchasing one. There is documentation of an office trial but not a home trial. Therefore, the request is considered not medically necessary.