

Case Number:	CM15-0146789		
Date Assigned:	08/07/2015	Date of Injury:	03/10/2014
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old woman sustained an industrial injury on 3-10-2014. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 4-29-2015. Diagnoses include shoulder pain and sprains-strain of the neck. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 6-30-2015 show complaints of neck and right shoulder pain. Recommendations include Tramadol, continue physical therapy, possible future electromyogram, and follow up in four weeks. Physician notes from the orthopedic surgeon dated 7-6-2015 show continued stiffness of the shoulder. Recommendations include manipulation under anesthesia, continuous passive motion machine, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - TENS unit with supplies - purchase: 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: The claimant sustained a work-related injury in March 2014 and underwent left rotator cuff surgery in April 2015. When seen, she had decreased range of motion both actively and passively consistent with adhesive capsulitis and manipulation under anesthesia was recommended. Criteria for the use of TENS include that there is documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Since there is no documented trial of TENS, the medical necessity of purchasing a TENS unit is not medically necessary.