

Case Number:	CM15-0162757		
Date Assigned:	08/31/2015	Date of Injury:	12/20/2013
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male who sustained a work related injury December 20, 2013. According to a primary treating physician's progress report dated July 8, 2015, the injured worker continues to see an orthopedic surgeon for his left shoulder. He has received a cortisone injection in the left shoulder which provided relief for about 10 days. His pain has now returned with instability in the shoulder. He uses a TENS (transcutaneous electrical nerve stimulation) unit to reduce his lower back pain, which provides some relief. Physical examination revealed; right shoulder- positive impingement, range of motion restricted; left shoulder-positive impingement, range of motion restricted, anterior shoulder is tender to palpation; lumbar spine-paravertebral muscles are tender, range of motion restricted, straight leg raise positive on the left and sensation reduced in the left foot; knees-collateral ligaments are tender to touch bilaterally, range of motion within limits, and McMurray's positive bilaterally; left hip-greater trochanter is tender to palpation, range of motion is slightly reduced with abduction and adduction. Impression is documented as internal derangement of knee, not otherwise specified. Treatment plan included to be seen by orthopedic surgeon for left shoulder, awaiting appointment to be evaluated for left knee, and at issue, a request for authorization for TENS unit electrodes.

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 electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 09/29/15.

Decision rationale: The submitted clinical documentation indicates that claimant has sustained relief with use of an existing TENS unit. 07/08/15 RFA requests "TENS unit electrodes" without reference to amount of supplies requested, and a 07/20/15 initial UR decision recommended modified authorization for one set of electrodes. IMR was requested on 08/19/15. While as subsequent RFA dated 08/24/15 requests "TENS unit battery and 24 electrodes", this subsequent request is outside of the scope of the current review. While use of TENS appears to be consistent with MTUS recommendations based upon documented response, the 07/20/15 request for "TENS unit electrodes" without specified quantity is too broad to permit authorization under MTUS criteria. The request is not medically necessary.