

Case Number:	CM15-0029655		
Date Assigned:	02/27/2015	Date of Injury:	03/11/2013
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The 59 year old male injured worker suffered and industrial injury on 3/11/2013. The diagnoses were cervical spine strain/ strain with radicular symptoms and left shoulder rotator cuff tendinitis. The diagnostic studies were neck magnetic resonance imaging and left shoulder. The treatments were medications and right shoulder arthroscopy. The treating provider reported intermittent neck pain radiating to the left shoulder that then radiated to the elbow. The Utilization Review Determination on 2/2/2015 non-certified: 1. TENS unit, MTUS; 2. Bone stimulator, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
 Page(s): 114,115.

Decision rationale: The California MTUS guidelines recommends the use of a TENS unit for neuropathic pain. The attached progress note dated September 4, 2014 does not include any complaints of radicular pain in the upper extremities. As such, this request for the use of a TENS unit is not medically necessary.

Bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Bone Growth Stimulator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, bone growth stimulators.

Decision rationale: It is unclear why there is request for a bone stimulator at this time. The injured employee has a diagnosis of a cervical strain/sprain and left shoulder rotator cuff tendinitis/bursitis. As there is no indication for a bone stimulator at this time, this request for a bone stimulator is not medically necessary.