

Case Number:	CM15-0030737		
Date Assigned:	02/24/2015	Date of Injury:	06/25/2011
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 06/25/2011. She has reported bilateral shoulder pain. The diagnoses have included right shoulder impingement syndrome with posterior and inferior glenohumeral subluxation; right shoulder supraspinatus tendinosis; and left shoulder impingement syndrome. Treatment to date has included medications, physical therapy, and surgical intervention. Surgical intervention has included right shoulder arthroscopy, performed on 10/22/2014. An evaluation with a treating provider, dated 01/15/2015, documented the injured worker to report right shoulder pain is improving with physical therapy; right upper extremity axillary pain and numbness; and occasional left shoulder pain. The treating physician noted the injured worker to have increased range of motion and strength in the right shoulder; and decreased range of motion in the left shoulder. Request is being made for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for home use. On 02/03/2015 Utilization Review noncertified a prescription for DME purchase: TENS unit. The CA MTUS and the ODG were cited. On 02/11/2015, the injured worker submitted an application for IMR for review of DME purchase: TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase: TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

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

Decision rationale: According to the 01/15/2015 hand written report, this patient presents with right shoulder pain and neck pain that is improving with physical therapy. The current request is for DME purchase: TENS unit. The request for authorization is on 01/27/2015. Per the 12/01/2014 report, the patient's work status is may return to light duty at this time. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. In reviewing of the provided medical records shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. In this case, the requested purchase of the TENS unit is not in accordance with MTUS guidelines. The request IS NOT medically necessary.