

Case Number:	CM15-0045671		
Date Assigned:	03/18/2015	Date of Injury:	12/13/2010
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: California
 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 33 year old male, who sustained an industrial injury on December 13, 2010. The injured worker reported shoulder and back pain. The injured worker was diagnosed as having right shoulder partial or complete rotator cuff tear and post laminectomy syndrome and disc herniation. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and laminectomy. A progress note dated November 20, 2014 the injured worker complains of shoulder and back pain. Physical exam notes positive Neer's and Hawkin's tests and severe pain with decreased range of motion (ROM). Prior magnetic resonance imaging (MRI) was discussed. The plan includes rotator cuff surgery and related pre and post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit 7 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to guidelines criteria for use of TENS unit for chronic pain include documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. According to the patient's medical records there is no documentation of a month's trial and thus is not medically necessary.