

Case Number:	CM15-0059733		
Date Assigned:	04/06/2015	Date of Injury:	04/02/2011
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

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 54-year-old female, who sustained an industrial injury on April 2, 2011. She reported feeling pain in her left thumb, arm, and shoulder when pulling a large trash bin through the door. The injured worker was diagnosed as having left shoulder arthralgia and left shoulder impingement/bursitis. Treatment has included physical therapy, occupational therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of left shoulder symptoms. The Primary Treating Physician's report dated February 13, 2015, noted the injured worker had completed four sessions of physical therapy with noticed improvement. The left shoulder examination was noted to show tenderness to palpation over the deltoid and trapezius muscles and positive impingement. The treatment plan was noted to include requests for authorization for a home TENS unit for the left shoulder, additional physical therapy for the left shoulder, continued use of non-steroid anti-inflammatory drugs (NSAIDs) and over-the-counter (OTC) analgesics, and continued home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker sustained a work related injury on April 2, 2011. The medical records provided indicate the diagnosis of left shoulder arthralgia and left shoulder impingement/bursitis. Treatment has included physical therapy, occupational therapy, home exercise program (HEP), and medication. The medical records provided for review do not indicate a medical necessity for Home TENS unit. The MTUS guidelines for the use of TENS unit recommends that after three months of failed treatment with other modalities, a 30 day trial of rental TENS unit could be used as an adjunct to an evidence based functional restoration program. During this period, the individual is expected to continue with other measures, and there must be a documentation of how the machine was used, short term and long-term goals and the benefit derived from the machine.