

Case Number:	CM14-0145974		
Date Assigned:	09/12/2014	Date of Injury:	08/26/2011
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old male whose date of injury is 08/26/2011. Progress note dated 07/01/14 indicates that the injured worker reports home exercise program makes the pain worse. Progress report dated 08/03/14 indicates that the injured worker still has neck and shoulder pain. Treatment to date includes neck surgery, right shoulder surgery 2/12, right shoulder arthrogram and physical therapy. Diagnoses are cervical strain/sprain, shoulder strain and cervical radiculitis. Transcutaneous electrical nerve stimulation (TENS) is reported to be helpful. Note dated 09/04/14 states that TENS continues to be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS Electrodes-2 sets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-117.

Decision rationale: The initial request was not medically recommended noting that continuation of use of TENS should be based on documentation of ongoing active treatment modalities and objective measures of functional gain. Short and long term goals of treatment with TENS must

be provided. Despite documentation that TENS helps to relax the injured worker, there was no documentation of objective functional improvement to substantiate continuation and replacement electrodes. There is insufficient information to support a change in determination, and the previous denial was upheld. No objective measures of improvement were provided, and no specific, time limited treatment goals were submitted for review. Therefore, the request of retrospective TENS Electrodes-2 sets is not medically necessary and appropriate in accordance with CA MTUS Guidelines.