

Case Number:	CM14-0164523		
Date Assigned:	10/09/2014	Date of Injury:	05/22/2010
Decision Date:	02/26/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 patient is a 57 year old female who had a work injury dated 5/14/12. The diagnoses include status post right carpal tunnel release, lumbar spondylosis, right shoulder pain and anxiety. Under consideration is a request for possible retrospective request for TENS unit, 4 pkgs electrodes, 1 pair lead wired, 1 battery-for purchase (DOS 11/20/13). There is a 5/23/14 primary treating physician progress report that states that the patient has 3/10 right wrist/hand pain; 5/10 right shoulder pain; 6/10 low back pain with right greater than left lower extremity symptoms. Medications help. Denies side effects. Objective findings reveal no signs of right wrist infection. Jamar right improving. Exam otherwise unchanged. The treatment plan includes continue medical management for right wrist, wrist shoulder, lumbar spine; await response for additional PT; continue with request for psychological consult; continue LSO and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible retrospective request for TENS unit, 4 pkgs electrodes, 1 pair lead wired, 1 battery-for purchase (DOS 11/20/13): Upheld

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

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

Decision rationale: Possible retrospective request for TENS unit, 4 pkgs electrodes, 1 pair lead wired, 1 battery-for purchase (DOS 11/20/13) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation submitted is not clear on how often the TENS unit was used and the effect on pain relief and function. The retrospective request for TENS unit, 4 pkgs electrodes, 1 pair lead wired, 1 battery-for purchase (DOS 11/20/13) is not medically necessary.