

Case Number:	CM15-0013135		
Date Assigned:	01/30/2015	Date of Injury:	09/10/2013
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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, New York, California
 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 55- year old female, who sustained an industrial injury on September 10, 2013. The diagnoses have included shoulder pain, knee pain, left shoulder tendonitis/bursitis, partial rotator cuff tear supraspinatus, left median neuropathy, left wrist pain, bilateral carpal tunnel syndrome and ulnar neuropathy. Treatment to date has included pain medication, physical therapy, an orthopedic surgeon consultation, steroid joint injections, psychological evaluation and regular monitoring. Currently, the IW complains of chronic pain that is rated a seven on a scale of ten and with her medication, the pain would reduce to a 3.5. Physical exam was remarkable for the worker appearing to be anxious and in mild pain. Range of motion of the shoulder was decreased due to pain. There was also tenderness in the biceps groove and sub-deltoid bursa. The right knee had tenderness over the patella with mild effusion in the right knee joint. On January 14, 2015, the Utilization Review decision non-certified a request for a TENS unit, noting the That TENS units were recommended for post-stroke rehabilitation but for shoulder conditions there is little evidence to support the use of this treatment. The MTUS, Chronic Pain Medical Treatment Guidelines, and the ODG was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 116 of 127.

Decision rationale: No, the proposed TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of a TENS unit in applicants who have a favorable outcome during an earlier one- month trial of the same, in this case, however, there was no mention of the applicant's having received and/or employed a TENS unit on a trial basis at any point on the progress notes of late 2014 and/or early 2015, referenced above. Therefore, the request for a TENS unit [purchase] was not medically necessary.