

Case Number:	CM15-0016658		
Date Assigned:	02/05/2015	Date of Injury:	03/31/2001
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on March 31, 2001. The diagnoses have included bilateral rotator cuff tears, mild chronic painful cervical degenerative disc condition, sleep disorder due to chronic pain, affective disorder with depression and anxiety aggravated by chronic pain and radiating nerve pain radiating from both shoulders to bother upper extremities associated with numbness paresthesias and clumsiness. Treatment to date has included right and left sided shoulder repair left done on July 12, 2010, pain medications. Currently, the injured worker complains of bilateral shoulder pain. In a progress note dated January 6, 2015, the treating provider reports cervical spine, facet mediated pain easily provoked with extension and lateral bending as well as with deep pressure and loading, tenderness to palpation with taught bands found at myofascial trigger points with twitch responses in the levator scapula, trapezius, supraspinatus and rhomboid muscles causing radiation pain to the posterior scapula and neck, bilaterally right more than left, the shoulders had Neer's impingement and Hawkin's impingement on the right. On January 22, 2015 Utilization Review non-certified a batteries and supplies for TENS unit last for six months, noting, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Batteries & Supplies for TENS Unit last for 6 months: 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 Page(s): 114-116.

Decision rationale: The patient presented with mild chronic painful cervical degenerative disc disease, anxiety, sleep disorder, and rotator cuff tear. The request is for supplies for TENS unit including batteries and patches so that the patient can continue home stimulator unit. Clinical information documents that the patient is utilizing a TENS unit, however, there is no mention of the outcome of usage, functional benefits or a decrease in pain. The requested supplies for a TENS unit is not medically necessary and appropriate as the documentation do not provide information on pain reduction and functional benefit.