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| Case Number: | CM15-0116051 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 10/12/2013 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female who sustained an industrial injury on October 12, 2013. She has reported injury to the right shoulder, thoracic spine, scapular, neck, and elbow and has been diagnosed with sprains and strains of shoulder and upper arm and sprains and strains of other specified sites of elbow and forearm. Treatment has included medication, physical therapy, and injection. Examination of the right shoulder showed decreased range of motion in flexion and abduction. She had tenderness to palpation across the subacromial area and trapezial muscles on the right. The treatment request included a TENS unit with supplies. A reconsideration letter dated May 26, 2015 indicates that the patient has right shoulder sprain/strain. The note indicates that the patient has benefited from a tens unit at home which she has been using as a trial for over one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies (battery, electrodes, battery charger) 30 day rental for trial to purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for TENS unit with supplies (battery, electrodes, battery charger) 30 day rental for trial to purchase, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, it appears the patient has already undergone a tens trial for at least 30 days. It is unclear why a "30 day rental for trial" would be needed at the current time if the patient has already undergone a tens unit trial. There is no provision to modify the current request. As such, the currently requested TENS unit with supplies (battery, electrodes, battery charger) 30 day rental for trial to purchase unit is not medically necessary.