

Case Number:	CM15-0127668		
Date Assigned:	07/14/2015	Date of Injury:	05/31/2013
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of May 31, 2013. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for a TENS unit. A May 29, 2015 progress note was referenced in the determination. The claims administrator stated, towards the top of its report, the request represented a request for TENS unit purchase while noting, towards the bottom of the report, that the request was for a 30-day TENS unit trial. The claims administrator did not incorporate any guidelines into his report rationale, but seemingly stated, towards the bottom of his report, that decision was based on MTUS Guidelines. The applicant's attorney subsequently appealed. In a May 29, 2015 progress note, the applicant reported 7/10 shoulder pain. The applicant stated that Tramadol was reducing her pain complaints and generating up to 4 hours of analgesia. The TENS unit trial was suggested in the body of the report. Tramadol, Protonix, Celebrex, and a shoulder corticosteroid injection were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a TENS unit was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that TENS units are indicated in the treatment of chronic intractable pain of greater three months' duration in applicants in whom there is evidence of other appropriate pain modalities, including pain medications, have been tried and/or failed, here, however, the attending provider reported on the May 29, 2015 progress note at issue, that the applicant was deriving appropriate analgesia as a result of ongoing Tramadol usage, noting a reduction in the applicant's pain complaints from 7/10 without medications to 0/10 with medications. The applicant's favorable response to Tramadol, thus, effectively obviated the need for the TENS unit at issue. Therefore, the request was not medically necessary.