

Case Number:	CM15-0173621		
Date Assigned:	09/15/2015	Date of Injury:	06/15/1997
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 15, 1997. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a 4-lead TENS unit with associated conductive garment. An August 19, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On said August 19, 2015 RFA form a 4-lead TENS unit, an associated conductive garment, Celebrex, Protonix, and Tramadol were all endorsed. In an associated progress note of August 19, 2015, the applicant was described as off of work. The applicant had received Workers' Compensation indemnity benefits and disability benefits, it was acknowledged. The applicant had last worked in 2009. The applicant was now receiving Social Security Disability Insurance (SSDI) benefits, it was reported. The applicant was described as having derivative complaints of sleep disturbance and depression. A 4-lead TENS unit with provision of associated conductive garment was sought on a purchase basis toward the bottom of the note. Celebrex, Protonix, and Tramadol were renewed. In another section of the note, the attending provider stated that the applicant had access to a conventional 2-lead TENS unit. The applicant was not forming much in the way of possible chores, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Lead TENS (transcutaneous electrical nerve stimulation) unit, Right Shoulder, Qty 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a 4-lead TENS unit for the shoulder [purchase] was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a purchase of the same. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcomes present in terms of both pain relief and function. Here, however, the August 19, 2015 progress note suggested that the applicant would be given the device in question without first undergoing a 1-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that a 2-lead TENS unit is generally recommended and that an attending provider should furnish documentation as to why a 4-lead TENS unit is indicated. Here, the attending provider's progress note of August 19, 2015 seemingly suggested that the applicant in fact had access to a conventional 2-lead TENS unit. It was not clearly stated precisely why a 4-lead TENS unit was sought. Therefore, the request was not medically necessary.

Conductive garment, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for a conductive garment was likewise not medically necessary, medically appropriate, or indicated here. The request in question represented request for a conductive garment to be employed in conjunction with the TENS unit also at issue. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines suggested a conductive garment of form-fitting TENS device is considered medically necessary only when an applicant has such a large area which requires stimulation such that a conventional system cannot accommodate the treatment and/or that an applicant has medical condition which would prevent usage of a traditional TENS unit system. Here, the attending provider did not clearly state why the applicant could not employ a conventional system without the conductive garment. A clear rationale for said conductive garment was not seemingly furnished. The primary request for a TENS unit, moreover, was also deemed not medically necessary, above. Therefore, the derivative or companion request for an associated conductive garment was likewise not medically necessary.

