

Case Number:	CM14-0101980		
Date Assigned:	07/30/2014	Date of Injury:	05/01/2012
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who was reportedly injured on 5/1/2012. The mechanism of injury is noted as a work related injury while operating a jackhammer. The most recent progress note dated 1/27/2014, indicate that there are ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated bilateral shoulders: positive tenderness bilaterally to the anterior subacromial and acromioclavicular joint and a sensory exam within normal limits. Muscle strength 5/5 bilateral upper extremities. Full range of motion and deep tendon reflexes 2+ bilateral upper extremities. No recent diagnostic studies are available for review. Previous treatment includes right shoulder arthroscopy, left shoulder arthroscopy, medications, physical therapy and conservative treatment. A request was made for tens unit 30 day trial, 1 patient visit for instructional use, and was not certified in the pre-authorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit 30 day Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: TENS for chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based (transcutaneous electrical nerve stimulation) TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. After review the medical records provided there is no documentation to show that the trial tens unit was into be used as an adjunct to a program of functional restoration. Therefore this request is not medically necessary.

1 Patient visit for instructional use of tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not address request. This is an administrative request. After review the medical records provided there was no documentation provided from the treating physician to justify such a request. The request for the tens unit has not been authorized therefore additional visits for instructional use are not medically necessary.