MAXIMUS Federal Services

Case Number:	CM13-0029084		
Date Assigned:	11/01/2013	Date of Injury:	07/06/2013
Decision Date:	02/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is 39 YO Female with an injury date of 7/6/13. The Utilization Review determination being challenged is dated 8/13/13 and denies treatment for a TENS Unit and eighteen aquatic therapy visits for lumbar spine, (L) shoulder, and (R) knee. Based on the 8/1/13 progress report by [redacted], the patient's diagnoses include (R) knee medial meniscus tear, (L) shoulder sprain/strain, and lumbar sprain/strain, pain in the lumbar spine, anxiety, depression, and insomnia. The patient complains of left shoulder pain that occurs intermittently and radiates proximally to the left side of the neck and upper back and is associated with numbness and tingling sensation in the left arm. Pain is also present in the left wrist and is aggravated by physical activity such as pushing, pulling, lifting , reaching above the shoulder and putting on clothing. Sharp pain is present in the upper middle back and severe in the lower back which radiates proximally to the mid back and distally to the buttocks and posterior aspect of the right leg causing sharp shooting pain and tingling. Patient also complains of severe pain in the right knee and leg and is present at all times. There was no surgical history specified. The current request is for a TENS UNIT and 18 aquatic therapy sessions. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Transcutaneous Electrical Nerve Stimulation unit: 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 TENS Section Page(s): 114-116..

Decision rationale: This patient presents with a right knee medial meniscus tear, left shoulder sprain/strain, lumbar sprain/strain, anxiety, depression and insomnia. [redacted] states in report dated 08/01/2013, "patient has tried the TENS unit in the past at another therapy facility and it helped her a lot." Treating physician is requesting 3 month rental or purchase of a TENS unit. Per MTUS guidelines (pg 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy,CRPS, spasticity, phantom limb pain, and Multiple Sclerosis. A one-month trial period of the TENS unit 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. Based on the medical records reviewed including reports dated 07/11/2013 to 08/01/2013, there are no documentation regarding the outcome of the prior use of the TENS unit other than "it helped a lot". Given that the patient has not tried "home-based" TENS and the request of 3-month trial exceeds MTUS allowed 1-month trial, and the fact that the patient does not present with the specific diagnoses for the use of TENS, recommendation is for denial.