

Case Number:	CM13-0032941		
Date Assigned:	12/06/2013	Date of Injury:	10/16/2011
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 a 52-year-old female with date of injury on 10/16/2011. The progress report dated 08/29/2013 by [REDACTED] indicates that the patient's diagnoses include: Cervical spine herniated nucleus pulposus, left shoulder internal derangement, left wrist postoperative carpal tunnel release and ORIF, gastritis secondary to medications, left wrist triangular fibro cartilage tear with impingement, post-op left wrist fall and fracture. The patient has history of ongoing pain in the left wrist. The patient reported no ongoing or recent physical therapy for 14 months. The patient also complains of constant neck pain that radiates into the upper extremities with numbness and tingling with left greater than right. She also has associated headaches. The patient also complains of left shoulder pain. Physical exam indicates positive Finkelstein's test and positive Tinel's test on the left, tenderness to palpation of the left wrist. There was decreased grip strength on the left compared to the right. Muscle strength for resisted wrist range of motion was 5/5 on the right compared to 2/5 on the left. There was limited range of motion on the cervical spine with tenderness to palpation to the spinous processes as well as paravertebral muscles in the cervical spine. Cervical distraction test and maximal foraminal compression test were positive. Shoulder depression and Soto-Hall were both positive on the right as well as the left. Sensory evaluation of the upper extremities indicated decreased sensation of the right dorsum of the hand. Treatment requests were for physical therapy 12 sessions, hand surgeon evaluation, occupational medicine evaluation, shockwave treatment to reduce the inflammation in the form of extracorporeal shockwave therapy. The utilization review letter dated 09/23/2013 indicates there was a request for purchase of TENS unit and 10 sets of batteries and supplies on 09/20/2013 which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The records indicate the patient continues with neck pain, shoulder pain, and left wrist pain. The patient has multiple records dated between 06/31/2013 and 10/01/2013 by the treating physician. His treating physician does not document any rationale as to why TENS unit should be purchased in his previous reports. The progress report referenced by utilization review dated 09/20/2013 was not provided for review. It is unclear if the patient has had any previous treatment with TENS unit therapy while attending physical therapy sessions or a 30-day trial of home therapy use. MTUS Guidelines page 116 regarding TENS unit therapy states that it is not recommended as a primary treating modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidenced-based functional restoration. Criteria for the use of TENS indicate a 1-month trial period of the TENS unit should be documented with documentation of how often unit was used, as well as outcomes in terms of pain relief and function, rental would be preferred over purchase during this trial. In this case, the patient has not had a one-month trial of TENS. Recommendation is for denial.