

Case Number:	CM13-0035558		
Date Assigned:	12/13/2013	Date of Injury:	05/12/2009
Decision Date:	11/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine, has a subspecialty in Pain Med and Manipulation 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 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 patient is a 31 year old male who sustained an industrial injury on 5/12/2009. The patient sustained burns and underwent skin grafting to his right arm, right armpit, and right waist area. He underwent right shoulder surgery in 2011. AME dated 6/12/13 noted that the patient requires symptomatic treatment with OTC or prescribed non-addictive oral analgesics, muscle relaxants and anti-inflammatory medication. The AME noted that there are no indications for additional physical therapy treatments and no additional diagnostic tests were recommended. The AME added that clinically there are no indications for additional surgery to the right shoulder or for additional surgery to the right arm and torso. The diagnoses by the AME were as follows: (1) Partial tear of the rotator cuff, superior posterior labral tear, impingement syndrome, right shoulder (2) post operative arthroscopic decompression and debridement with repair of the superior and posterior labral tear right shoulder 8/3/11 (3) status post 7 % of body surface, flame burn, right flank, right upper extremity, right axilla, right flank (4) postoperative tangential excision of burn wound of right upper extremity, axilla and flank, harvest of skin grafting from right thigh donor site, split thickness skin graft coverage of excised wounds 5/20/2009 (5) residual from grade II/grade III scarring of the right arm, right pectoral area, right dorso-lumbar area and right thigh. Utilization Review (UR) dated 10/1/13 denied the request for one month home based trial-tens unit/extend for 12months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit extend rental for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS-Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

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

Decision rationale: According to the CA MUTS guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . In this case, the diagnosis code listed on the IMR form is 729.2 neuralgia/radiculitis which would support consideration for Tens unit. However, the guidelines allow for one month rental and then purchase would be supported if there is evidence of objective functional improvement. The medical records do not establish evidence of functional improvement from prior use of this machine and long term rental is not supported.