

Case Number:	CM13-0036347		
Date Assigned:	12/13/2013	Date of Injury:	02/09/1999
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 and is licensed to practice in Illinois, Indiana and Texas. 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 55-year-old male who reported a work-related injury on February 09, 1999. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: left wrist triangular fibrocartilage complex tear, right wrist sprain/strain, bilateral shoulder impingement syndrome and tendinosis, lumbar discogenic disease, lumbar facet arthropathy, chronic low back pain, left hip sclerotic mass, and cervical degenerative disc disease. The clinical note dated October 24, 2013 reports that the patient presents under the care of [REDACTED] for complaints of bilateral shoulder pain, low back pain, bilateral wrist pain, and left hip pain. The provider documented upon physical exam of the patient painful range of motion was noted to the bilateral upper extremities. Exam of the left wrist revealed tenderness to palpation over the triangular fibrocartilage complex (TFCC), decreased range of motion, and painful range of motion. Lumbar spine range of motion was noted to be limited secondary to pain. The provider documented the following treatment plan for the patient: Norco 10/325mg, two (2) tabs by mouth three (3) times a day; Prilosec 20mg, one (1) tab by mouth twice a day; Anaprox DS, one (1) tab by mouth twice a day; transcutaneous electrical nerve stimulation (TENS) unit, lumbar spine corset, and return to clinic in 6 to 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: The California MTUS guidelines indicate that a one (1) 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 utilized as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The patient presents with multiple pain complaints status post his work-related injury. The patient has utilized lower levels of conservative treatment since the date of injury in 1999; however, documentation of the patient utilizing a trial of this durable medical equipment and reports of efficacy as noted by a decrease in rate of pain on a visual analogue scale (VAS) and increase in objective functionality were not evidenced in the clinical notes reviewed. Therefore, given all the above, the request for transcutaneous electrical nerve stimulation (TENS) unit is neither medically necessary nor appropriate.