

Case Number:	CM13-0042976		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2012
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation and is licensed to practice in Oklahoma 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 28-year-old female who reported an injury on 11/02/2012. The mechanism of injury was being grabbed, pinched, and pulled by the right arm during an attempt to break up a student fight. On a date just 3 days later, the patient sustained another injury of the same mode, to her left hand and wrist. Initial treatment included medication and a brace, as well as an x-ray of her left shoulder. In 12/2012, the patient returned to seek treatment for persistent bilateral shoulder, arm, and hand pain. She was referred for an MRI of the bilateral wrists and shoulders that were obtained in 01/2013; then later, neurodiagnostic testing of the bilateral upper extremities in 02/2013. The results of these studies were not provided; however, she was referred for physical therapy that was reported to have worsened her wrist pain, and then a TENS unit was recommended for home use. In 05/2012, the patient began an occupational therapy program, which she reported to be more helpful than physical therapy. In a recent clinical note dated 08/22/2013, the patient was reported to have right shoulder flexion of 150 degrees, extension of 40 degrees, abduction of 150 degrees, internal rotation of 80 degrees, and external rotation of 90 degrees. The left shoulder range of motion included 140 degrees of flexion, 40 degrees of extension, 160 degrees of abduction, internal rotation of 80 degrees, and external rotation of 90 degrees. She was noted to have 5/5 motor strength to the bilateral upper extremities, no tenderness to the bilateral elbows, and a negative Tinel's test. The wrist examination revealed tenderness to the bilateral wrists, negative Finkelstein's, but positive Phalen's bilaterally. Right wrist range of motion included flexion of 62 degrees, extension of 60 degrees, radial deviation of 25 degrees, and ulnar deviation to 25 degrees. Left wrist flexion is 65 degrees, extension 55 degrees, radial deviation 25 degrees, and ulnar deviation 15 degrees. X-rays on that date revealed no abnormalities of the cervical spine, bilateral shoulders, or bilateral wrists. A review of unofficial MRI reports performed on 01/25/2013 revealed no

abnormalities of the bilateral wrists or bilateral shoulders. The EMG/NCV performed on 02/19/2013 revealed normal nerve conduction to the median nerve; however, the patient was unable to tolerate the EMG portion of the test. An MRI of the cervical spine performed on 07/01/2013 revealed minimal broad-based posterior disc bulge/disc osteophyte complex formation at the C5-6 level, which abuts the ventral aspect of the cord; but no central canal stenosis, neural foraminal narrowing or cord signal abnormality. As of 08/22/2013, the patient was diagnosed with bilateral shoulder strains, bilateral wrist sprains, and probable bilateral carpal tunnel syndrome. In 08/2013, the patient was referred back to physical therapy for the bilateral shoulders and completed 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit for 1 month trial for bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of a transcutaneous electrical nerve stimulation (TENS) unit as a 1 month home-based trial, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. These conditions include neuropathic pain, phantom limb pain; CRPS II; spasticity; and multiple sclerosis. Criteria for the use of TENS includes documentation of pain of at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed, to include medications. The most recent clinical note dated 08/22/2013 specifically stated that the patient did not have any palpable present spasms, nor do any of the preceding notes included for review. Without documentation of the presence of at least one of the TENS-treatable conditions, the medical necessity of this request is not established. As such, the request for 1 TENS unit for 1 month trial for bilateral shoulders is non-certified.