

Case Number:	CM13-0055855		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2012
Decision Date:	05/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 49-year-old with date of injury of May 7, 2012. The listed diagnoses per [REDACTED] dated September 9, 2013 are cervical radiculopathy, right shoulder rotator cuff tear, left elbow tendinitis/bursitis, bilateral wrist tendinitis/bursitis, thoracic sprain/strain, lumbosacral radiculopathy, status-post right shoulder arthroscopy (March 30, 2013), and statuspost left shoulder arthroscopy (2012) According to the progress report by [REDACTED], the patient complains of neck, shoulder, left elbow, bilateral wrist/hand, upper and mid back pain. The patient reports pain travelling to her arms and hands with numbness and tingling. The patient describes her pain as sharp, shooting and stabbing with radiating symptoms into her arms and shoulder blades and upper back. The patient states that medication does provide her with pain relief. The physical examination shows tenderness over the paravertebral musculature. Tenderness was also noted in the AC joint bilaterally. Impingement and Hawkin's signs were positive bilaterally. Resisted wrist extension did elicit tenderness over the left lateral epicondyle. The treater is requesting TENS (transcutaneous electrical nerve stimulation) unit supplies for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT SUPPLIES FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114, 116 -117.

Decision rationale: This patient presents with neck, shoulder, left elbow, bilateral wrist/hand, upper and mid back pain. The request is for TENS unit supplies for 6 months. The Chronic Pain Medical Treatment Guidelines on TENS unit supports its use for neuropathic pain condition which this patient may be suffering from. However, for a home-unit use, documentation of use and functional improvement is required. In this case, despite the review of records from January 4 to September 9, 2013, there is no documentation of the patient's use of the unit. More importantly, there is no documentation that the TENS unit is reducing the patient's pain and improving function. The request for a TENS unit supplies for six months is not medically necessary or appropriate.