

Case Number:	CM13-0057649		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2003
Decision Date:	08/08/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery, 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:

This is a 46-year-old female who sustained a vocational injury on 10/15/13. The records provided for review document a past surgical history of a two-level anterior cervical discectomy and fusion as well as right shoulder surgery in May 2012, and a second right shoulder surgery on 8/6/13. The claimant's current working diagnosis is status post C5-6 anterior cervical discectomy and fusion with instrumentation, persistent bilateral elbow symptoms status post cubital tunnel releases, doubtful pseudarthrosis at C5-6 based on a recent CT scan, full thickness right rotator cuff tear, and psychiatric symptoms of depression. The report of an office visit on 10/16/13 noted continued significant neck and shoulder pain and significantly debilitation. Physical examination was documented to show decreased grip strength of the right hand, strength testing in her right upper extremity was deferred due to recent shoulder surgery, the left upper extremity strength was intact, decrease in sensation in the fingertips bilaterally, and cervical range of motion was restricted. It was documented that use of the TENS unit patches gave her 60-70 percent relief of symptoms and pain control. She was to undergo formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL OF PATCHES AND BATTERY FOR TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The California MTUS guidelines state that TENS units are not recommended as a primary treatment modality for use in acute mechanical neck disease or chronic neck disorders with radicular findings and are not considered medically necessary for shoulder except in patients that are in post-stroke rehabilitation. The Official Disability Guidelines also state that there are no published trials which provide information on the stimulation parameters which are most likely to provide optimum pain relief nor do they answer any questions about long term effectiveness. The medical records provided for review fail to establish that the claimant has attempted, failed, and exhausted traditional first line conservative treatment options such as anti-inflammatories, activity modification, home exercise program, formal physical therapy, muscle relaxants, or injection therapy prior to considering long term use of a TENS unit. There is a lack of documentation that the claimant has worn out the pads or the battery of her current TENS unit. Subsequently, medical necessity for the requested treatment cannot be recommended as medically necessary. As such, the request is not medically necessary.