

Case Number:	CM13-0063877		
Date Assigned:	04/02/2014	Date of Injury:	09/13/2013
Decision Date:	08/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine 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 48-year-old female with a September 13, 2013 date of injury, due to repetitive assembly work. October 15, 2013 progress note described pain in the bilateral upper extremities. Left hand grip strength was greatly reduced. Clinically, there was pain in both elbows with reduced range of motion, and slight swelling at the epicondyle area. The patient had right thumb pain, left shoulder pain with range of motion deficits and spasms. Cross-arm testing, Hawkins sign, and impingement signs were positive. In the right shoulder, there is pain, reduced range of motion, and positive provocative maneuvers. In the thoracic spine, there was pain with range of motion, and spasms. In bilateral wrists, wrist pain with range of motion, but no positive provocative maneuvers. Treatment plan discussed a steroid injection into the right shoulder. Treatment today has included physical therapy, activity modification, shoulder steroid injection, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

A transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. (page 114-116) Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Although the patient has complaints of pain in multiple body parts, there is no discussion of attempts at the use of a TENS unit within physical therapy. There is no specific duration or request for a trial. Therefore, the request for a TENS unit is not medically necessary or appropriate.