

Case Number:	CM13-0068986		
Date Assigned:	01/03/2014	Date of Injury:	08/13/2008
Decision Date:	05/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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 54-year-old female with an 8/13/08 date of injury. There is documentation of subjective findings, increased right leg pain, bilateral wrist pain and numbness, and left shoulder pain. Objective findings of decreased cervical range of motion, positive Neer's impingement, decreased shoulder range of motion bilaterally, and decreased lumbar spine range of motion. Current diagnoses include lumbar strain, grade 1 degenerative spondylolisthesis, right L5 radiculopathy, facet syndrome, right shoulder strain, subacromial impingement syndrome, degenerative osteoarthritis acromioclavicular joint right shoulder, rotator cuff tear, history of bilateral upper extremity repetitive stress injury, right wrist mononeuropathy, and left wrist mononeuropathy. Treatment to date physical therapy and medication. There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), TENS, Chronic Pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 113-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, grade 1 degenerative spondylolisthesis, right L5 radiculopathy, facet syndrome, right shoulder strain, subacromial impingement syndrome, degenerative osteoarthritis acromioclavicular joint right shoulder, rotator cuff tear, history of bilateral upper extremity repetitive stress injury, right wrist mononeuropathy, and left wrist mononeuropathy. In addition, there is documentation that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. The request for a TENS unit is not medically necessary and appropriate.